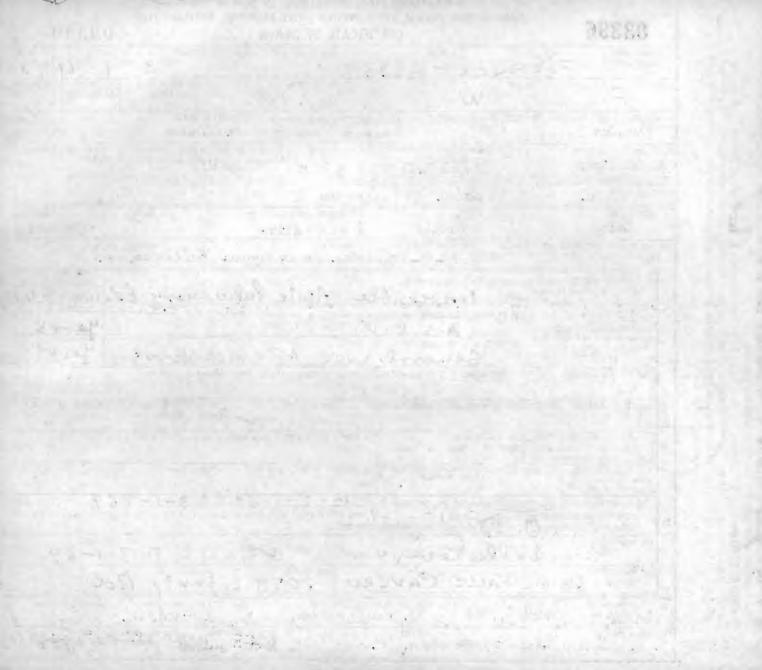
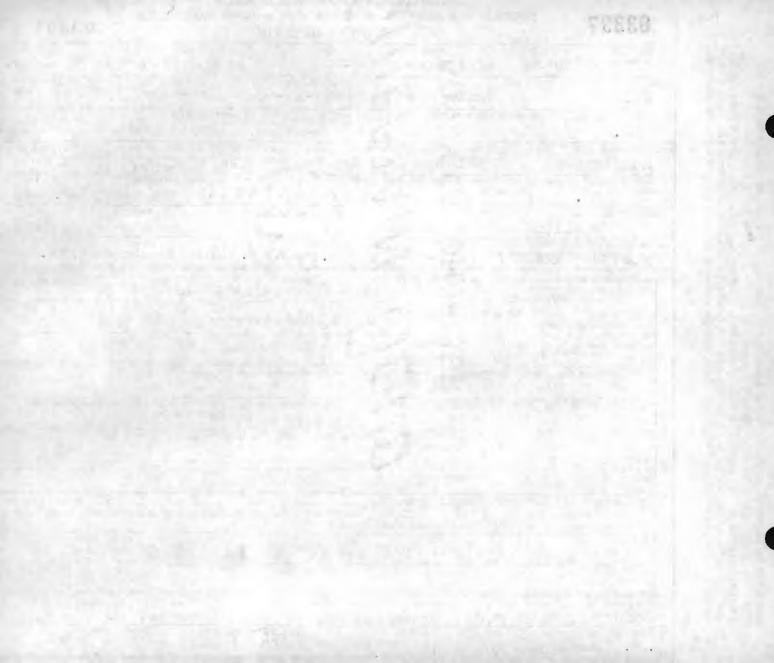
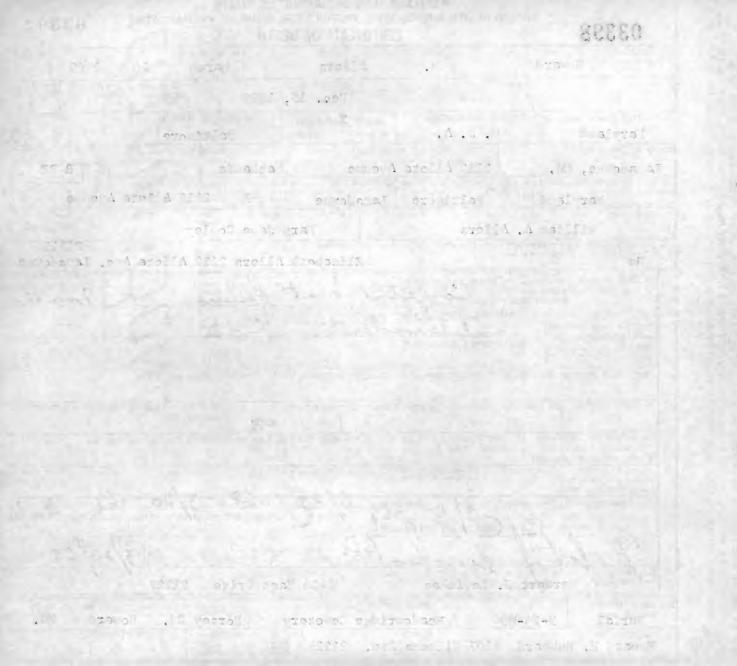
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03389 03395 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Inst 20. DATE OF DEATH death. 2b. HOUR after death. (Type or print) 220/1 MARY AHLFELDT 6. AGE (In years last birthday) 3. SEX 4. RACE S. DATE OF BIRTH AF HINDER I YEAR JE UNDER 24 HRS Female White 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)Maryland Baltimore USA WIDOWED X DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Hidgeway Manor N.H. during most of working life, even if retired.)
Housewife INDUSTRY Catonsville 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER or remaval, and in any event the law requires that the death certificate be executed 13b COUNTY Balto. NO YES 🗌 Buckhorn Rd 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First John Stuart Schuster 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no or unknown) 9507 Buckhorn Mrs. Helen Harding 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _ burial, cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave t rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) far use as the b TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? NO F YES [Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Tawn County State While Not while at work OR ATTENDING 22a. I certify that (1) (this haspital) attended the deceased fram 1968, to 27 man, 1967, that (1) (we) last saw the deceased alive an 31 22 19 6 4, and that in (my) (aur) apinion death accurred on the date and hour and fram the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN'S William Goodman X 1334 Sulphur Spring Rd. Balto.Md NAME (Type) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Gdns of Faith Cem, Baltimore Co, Ruria ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR eonard J. Ruck Inc. Balto. Md. 21214 DATE

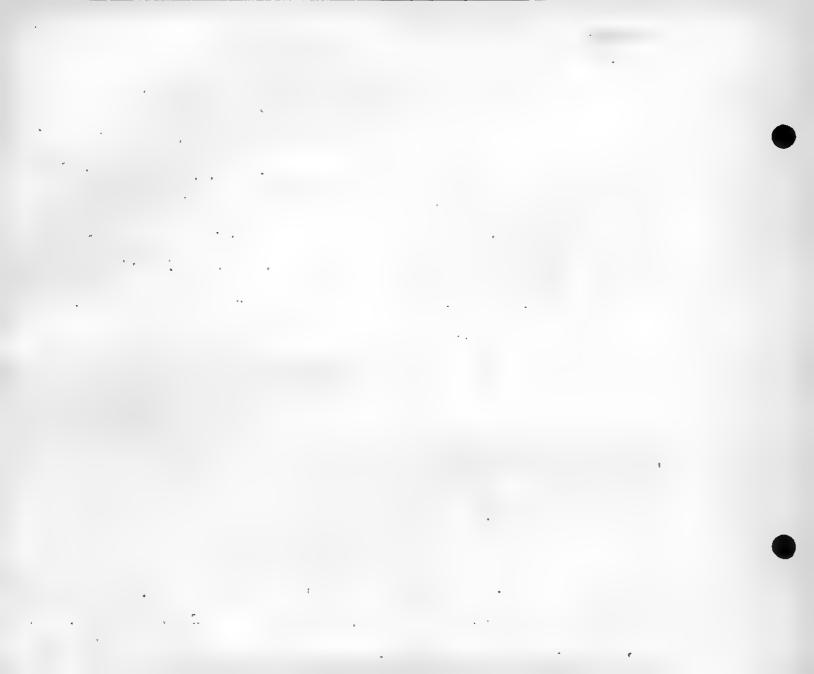
MARYLAND STATE DEPARTMENT OF HEALTH







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03393 CERTIFICATE OF DEATH Middle Last 25. HOURA 1 DECEASED-NAME First 20. DATE OF DEATH r. by me funeral s. rages I and 2. hours after death. within 24 hours after death (Type or print) MARY 3 D. ANGELOS 13 2:20 M 4. RACE S. DATE OF BIRTH IE UNDER 1 YEAR IF NINDER 24 HRS. 3. SEX 6. AGE (In years last birthday) Female Cau YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED MEVER MARRIED attending physician and completely filled in to permit. Then please remove carbon papers. on, or removol, and in any event, within 72 ha country) WIDOWED F DIVORCED | Baltimore Trecce 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) give street address) INDUSTRY Baltimore, Md **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove cark should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? executed admission) STATE COUNT YES X Baltimore tonca 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last requires that the death certificate bet 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? . VI 166, SOCIAL SECURITY NO 6. (If yes give war or dates of service) Yes, no, ar unknawn) Angelos 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Acute lary: BETWEEN ONSET AND DEATH Acute laryngo-tracheo bronchitis and early bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or ottending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Congestive heart failure with arteriosclerotic and hypertensive cardiovascular disease condition for which operation was performed 200. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION CAUSES OF DEATH? YES X Yes 21g. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram 3/9/, 1969, ta 3/13/, 1969, that (I) (we) last saw the deceased alive an 3/13/ 1969, and that in (my) (aur) apinian death accurred an the date and haur and tram the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 3/13/69 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Rudiger Breitenecker, / Greater Baltimore Medical Center NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23h. DATE (State) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Matthews Nicholds Williams Vergen Vergen



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END sed old the (saw the deceased a	ive anI , (I) (<u>we) (did)</u> (did nat) view the l	9_69, and that in (my) (our) op	nion deoth occurred on the do	te and hour ond from the
ATT ATT		22b. SIGNATURE	- O		22c I	DATE SIGNED
OR be re		(Inails	. C. 1520m. + D.	DEGREE PHYS. K		3/8/69
AL On by by by by by by by by file		22d. PHYSICIAN'S		22e. ADDRESS		
SPIT 4 mg ar, 1 d be		NAME (Type) Char	les C. Brown, M.D.	6701 N	. Charles Street	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should shauld be filed with the	230	BUR AL, CREMATION, 23b. I		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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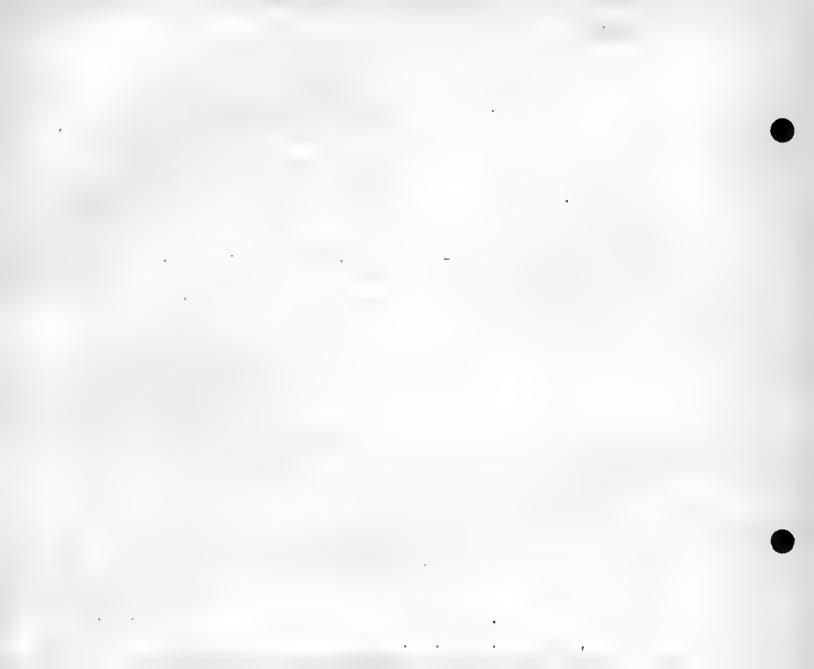


	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled is director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers shauld be filled with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72,		(411)	OFFICION W		2. 14. 14	1 12 (10,000)	
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VR A1 TO S	ONERAL DIRECTOR R Bailey - Kelson F. H. 1348 Calham St DAMAR 1	REGISTRAR 2Sb REGISTRAR'S SIGNATURE
22. 100	K Dailey reison + 14. 12th Calnown Olymann	0 000



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03399 03405 CERTIFICATE OF DEATH DECEASED NAME Middle the funeral iges 1 and 2 after deoth. 20. DATE OF DEATH 24 hours after death. (Type or print) 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF . INCER I YEAR last birthday) 7a. BIRTHPLACE (State or fare on 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore. TISA director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon plapers should be tiled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 WIDOWED TO DIVORCED -10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 12a USUAL OCCUPATION (Kind of work done 26 K ND OF BUSINESS OR give street address) during most of working life, even if retired) physicion and completely f en please remove carbon INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c PATY OR TOWN 13d. (NSIDE CITY LIMITS? 13e STREET AND NUMBER TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exekuted NISH COUNTY admission) STATE 6302 Eastern Parkway Baltimore YES KEN NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Middle Last Middle Oliver Cannoles Mary Shellev 166. SOCIAL SECURITY NO 215-01-9569 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na or unknown) {If yes give war or dates of service} Mr. Charles B. Bauer, Sr. (Same) APPROXIMATE NTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attendir buriol-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), Page 4 moy be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 2 d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 11-5 . 1968 . to saw the deceased alive an 19 , and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCAT ON (City or Town) (Cou Baltimore, Md. 23a BURIAL, (REMATION, REMOVAL (Specify) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Lorraine Park Cemetery 24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Balto. Md. 212 14



7		03406	DIVICION OF	MAKTLANI VITAL RECORDS,		DEPAKIME			11201		
	It	em#11, FilmG41				CATE OF D		KE, MAKILAND 2	1201	0340	0 (
4 24		ECEASED-NAME First		Middle		Lost		. DATE OF DEATH			26. HOUR
leat and leat	((Ype or print) Orio	n	Russell		Belt		March Month	15 ^{Day}	69 ^{ar}	8a. M
# 12 / P	3. S	X	4 RACE			S. DATE OF BIRT	'H	6. AGE (In	yeors _		IF UNDER 24 HRS.
the the	r	Male	Whi	te		October	30, 18	95 P3	day) YRS.	MONTHS DAYS	HOURS MIN
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4 h	COD	Maryland	U.S	.A.	WIDOWED	the same of the sa	ED 🗍	Baltimore			Md.
d completely filled in by the funeral move carban, papers. Pages L and 2 iny event, within 72 habrs effer death.	10. (ITY OR TOWN OF DEATH Arcadia	11 NA give s	ME OF HOSPITAL OR INS freet oddress) Stre	II) MOITUTIT	not in hospital	120. USUAL OC during most of	CUPATION (Kind of we working life, even if nter	ork done retired)	126 KIND OF B INDUSTRY Bulld1	USINESS OR
or boding with w	130	USUAL RESIDENCE (Where deceose					d INSIDE CITY LIMITS?	13e. STREET AND NE		Dulidi	R
and campletely remove carban.	adm	ission) STATE Maryland	13b. COUNTY Baltimo	***	Arcad		YES NO	Main S			
2 P P P P P P P P P P P P P P P P P P P		ATHER S NAME First	Middle	Last		IS. MOTHER'S MAID	DEN NAME First		Middle	<u> </u>	Lost
200		Harry	E.	Belt			inia			Seipp	1037
equires that the death certificate be reguted with physician. signed by the attending physician and campletely is burial-transit permit. Then please remove carban burial, cremation, ar remayal, and in any event, with	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY N		INFORMANT		i	Address		
iificc hysi pld - /al,)	es, no or unknown) ("fyes pre w	1918	219-16-560	00	Gertrud	le E. Be	lt Up	perco	. Md. 2	1155
cert There		18 CAUSE OF DEATH (Enter and	y one couse per lin	e far (a), (b) and (c))						APPROXIMU BETWEEN ON	ATE INTERVAL SET AND DEATH
ath ndin iit.		PART I. DEATH WAS CAUSED	BY H	ypertensiv	Te Car	diovascu	ılar Dis	ease		3 yr	
afte afte on, c		412		S A CONSEQUENCE OF						3	
the sit protice		Conditions, if any, which gave)	(b) A	rterio-nep	oh ro -s	clerosis	3			1	
that by I rans		rise to immediate cause (a), (stating the underlying cause	DUE TO, OR A	S A CONSEQUENCE OF							
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equires that the death ce physician. signed by the attending burial-transit permit. The burial, cremation, ar remo		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL (DISEASE OR CONDI	TION GIVEN IN PART 1	(0)		
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e la tenc us b as as prid	CERTIFICATION	19a. DATE OF OPERATION 19b.	ONDITION FOR WHI	CH OPERATION WAS PER	RFORMED	20a. AUTOPS		20b. IF YES, WERE I		INSIDERED IN CER	TIFYING
r at r at e ho use		210 ACCIDENT WAS UNDERLYIN	A low your or	III III III III III III III III III II	100	YES 🗀	NO 🐴				
AN: al o icat for Hea		THE CONTRIBUTION OF TERROR OF DEAT	HOUR A.	Thombo Boy Teor	Z1C. 1	HOW INJURY OCCU	KKED (Enter nate	ire of injury in Part 1	ar Part 2, 11	lem 18.)	
SICI spirt spirt sed t. of	MEDICAL	(If either, natify medical examin	er) P.M.	AT HOME EARLY STREET CAC		OCATION Street	or R.F.D. No.	City or Town		County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 shauld be detached for use as the burial-transit permit. Then please rehould be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in	-	While a list while at work		AT HOME, FARM, STREFT, FAC OFFICE BUILDING, ETC							
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ed bed lid is	L	saw the deceased al	ive on 3/14	/09 1	9, ai	nd that in (my)	(ca) opinian	death occurred o	n the dat	te and hour a	nd from the
TO TO THE THE TENT OF THE TENT OF THE		22b. SIGNATURE	, (i) (Me) (ala) (ele-nosi view the t	body dilei	geam.			22, 5	ATE SIGNED	
REC 3 s d wij		Lms M	/ L.	· leter	C DEC	GREE PHYS.	MED DIRECT	OR STAFF [٦ 3/	15/69	
N V by		22d PHYSICUM'S		no on		22e. ADDRE	SS				
PIT, ma		NAME (Type) Joseph	E. Bush	M. D.		117	S. Main	Street, F	lampst	cead, Md	.21074
HOS UNIC	230.	BURTAL, CREMAT ON, 236 E	ATE	23c. NAME OF				L LOCATION (City or T	own)	(Caunty)	(Stote)
5 P P P P	'"	BUNAL (Spicify) Ma	rch 18,1	969 St. F	Paulis	Cemeter		Upperco,	Md.		
	24.	FUNERAL DIRECTOR		ADDRESS			So. REC'D BY REC		EGISTRAR'S		
OM REV		Tipton - Eline	Funeral	Home Hamp	stead	. Md.	DAMAR 2	1969 %	Clari	Pay George	

1	03407 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03401 CERTIFICATE OF DEATH
death. uneral and 2 r death.	1. DECEASED-NAME First Middle Cost SENSON 2a, DATE OF DEATH Month 3 Day 9 Yea 69 9:30
the fu	3. SEX FEM 4 RACE CAUC 5 DATE OF BIRTH 1/22/98 6 AGE (In years lift UNDER 14 HAS lift UNDER 24 HAS last birthday) 7/ YRS. 6 MORTHS DAYS HOURS MIN
24 haun d in by pers. 72 hau	76. BIRTHPLACE (Stole or foreign Country) Balto. Co. Md. USA 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9.
within sely fille ban pa	10 CITY OR TOWN OF DEATH Upperco 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of Hotps: 4 feeting of retired) 12. USUAL OCCUPATION (K.nd of work done during mast of Hotps: 4 feeting of retired) 12b. KIND OF BUSINESS OR INDUSTRY
ecuted within completely fill green fill for event, within	130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE Md. 13b COUNTY Balto. Upperco YES NOFE Trenton Rd.
ate be exe	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Charles E. King Martha Ella Nolte
tificate hysicia n plea val, an	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no. ocunknown) (1 yes give wor or doles of service) 218-14-7194 Wilbur M. Benson Upperco, Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by, the funeral e 3 shauld be detached far use as the burial-transit permit. Then please remayer can papers. Pages and sed with the State Dept. af Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (f) DUE TO, OR AS A CONSEQUENCE OF (g) DUE TO, OR AS A CONSEQUENCE OF (h) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (d)
SICIAN: The spital or at spital or at errificate had far use led far use it af Health	G (If either, natify medical examiner) HOUR A.M. Manth Day Year 19 (If either, natify medical examiner)
ATTENDING PHYSICIAN: retained by the hospital or RECTOR: After this certificate 3 shauld be defached far u with the State Dept. af Heal	21d INFURY OCCURRED while at wark 12 22a. I certify that (I) (this haspital) attended the deceased fram 3177, 1967, to 316, 1968, that (I) (we) la saw the deceased alive an 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.
	22d PHYSICIAN'S NAME (Type) STUART OPPENHEIMER 3309 RETUAN RUBD, BALTIMORE
O HOSPITAL Page 4 may O FUNERAL directar, page should be fil	23d BURIAL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BURIAL Specify) March 22, 1969 Pleasant Grove Cemetery Upperco, Md.
VR A15 PU	Tipton - Eline Funeral Home Hampstead, Md. 25a REC D BY REGISTRAR S SIGNATURE 25b REGISTRAR S SIGNATURE 25c REC D BY REC D BY REGISTRAR S SIGNATURE 25c REC D BY REGISTRAR S SIGNATURE 25c REC D BY REC



1 DECEASED-NAME First (Type or print)	M.ddle			03402
EDMAR		lost	Zo. DATE OF DEATH	2b. HOUR
		BESSLING	MARCH 30, 1	969 4:50A
3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years last_birthday)	FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
MALE 7- DISTUDIACE (CLASS - C	WHITTE	9/21/19	49 YRS.	
(ountry)	b CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
MARYLAND 10. CITY OR TOWN OF DEATH	U.S.A. 11 NAME OF HOSPITAL OR INS	WIDOWED DIVORCED TITLE TO THE POST OF THE	AL OCCUPATION (Kind of work done	Mo
FORT HOWARD	give street address) VETERANS ADM	IN. HOSPITAL	ost of work ng life even if retired) TRUCK DRIVER	126 KIND OF BUSINESS OR INDUSTRY
130 USUA, RESIDENCE (Where deceased odmiss on) STATE	lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY I	IMITS? 13e STREET AND NUMBER	1
MARYTAND 14 FATHER S NAME First	Middle Lost	BALITIMORE	- 614 SCOTT ST	
ALBERT	BESSIA	IS MOTHER 5 MAIDEN NAME I	ARY	Lost
160 WAS DECEASED EVER N U.S. ARMEI	FORCES? 166 SOCIAL SECURITY N		Address	BUCK
Yes, no, or unknown) (If yes give wor	or dates al service) 218 07 82	268 CLINICAL RECORD	OS. VAH. FT. HOWA	RD, MD,
18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN JINSET AND DEATH
DADT I DEATH WAS FALISED	2V	CARCINOMA OF THE	LUNGS	MONTHS
163Y	DUE TO, OR AS A CONSEQUENCE OF			
Conditions, if any, which gove a rise to immediate couse (a),	(b)			
stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
lost	(c)			
PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
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190 DATE OF OPERATION 196 CO	HOWART OF MILITING LEVELON MAS LES	YES NO T	CALICIC OF DEATHS	OPDIDEKED IN CEKTETING
210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		r noture of injury in Port 1 or Port 2,	Item IR1
3 OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year			Ton Tay
\$ 214 BUILDY OCCURRED TOTAL DI		ORY) 21f LOCATION Street or R F.D No	City or Fown	County State
While Not while of work	Q OFFICE BUILDING, ETC		•	
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saw the deceased aliv	e an MAR 30 19	69_, and that in tag) (aur) appady after death	inian death accurred an the do	ite and haur and from th
Zb. SGNATURE	Tr (Me) (aid) (server) view the s	addy driet death		DATE SIGNED
idaci lo	(1. Patric	& DEGREE PHYS D		/30/69
22d. PHYSICIAN'S		22e ADDRESS	,,,,,,	, 5-, -,
NAME (Type) GRACITY	O V. PATRICIO, M.		HOWARD, MD.	
230 BURIAL, CREMATION, 23b DA	TE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
BURTALLY) 4/2		NATIONAL CEMETERY	BALTIMORE, M	ID.
24 JUNERAL DISECTOR PURE TO	POPPLETON &		Y REGISTRAR 25b. REGISTRAR S	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03403 03409 CERTIFICATE OF DEATH DECEASED-WAME Eirst Middle Lost 24 haurs after death. 20 DATE OF DEATH 2b HOUR (Type or print) LEROY STANLEY BOLL March 1969 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF JNOER I YEAR IF UNDER 24 HRS. White Nov. 20, 1901 67st birthday) MONTHS ! DAYS Male 70 BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? 8 MARRIED M NEVER MARRIED 9 COUNTY OF DEATH COUNTRY U.A.A. BALTIMORE DIVORCED [WIDOWED -10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL GEAP ENTRONS nat in haspital give street address) 12a LSUAL OCCUPATION (Kind of work done urres that the death certificate be executed within 12b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY FORT HOWARD ADMINISTRATION HOSPITAL John Campbell 13a, LSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d. INSIDE CITY EMITS? 13e STREET AND NUMBER 136 COUNTY YES NO BALTIMORE 417 E. 31st Street edse semav and in any 14. FATHER'S NAME Errst Middle 15 MOTHER'S MAIDEN NAME First and Last Middle ±05† EMORY FRANKLIN BOLL ATTA CROMER 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na YES nawn) (If yes give wat or dates of service) burral, crematian, ar remaval, 217 05 75 12 Clinical Reds, VA Hospital, Fort Moward, 18 CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c)) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY ACUTE MYOCARDIAL INFARCTION Recent IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PULMONARY EDEMA signed by the burial-transit p Recent Conditions, if any, which gave) ase la immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause 01d ARTERIOSCLEROTIC HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YE**X**(X) NO [T] TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be fled with the State Dept of Healt 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING (AUSE OF DEATH HOUR A.M. Month Day Year If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that (7 (this hospital) attended the deceased from Mar. 4 19 69, to Mar 17 19 69, that (2) (we) last saw the deceased alive on Mar. 17 19 69, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (day got) wiew the bady after death. 22b SIGNATURE 22c DATE SIGNED 3/18/69 DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS MADHAV D. BARHANPURKAR, M.D. VA Hospital, Fort Howard, Maryland 23a BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 3/21/69 BRIMOVA (pecify) Baltimore National Baltimore, Maryland BALTO, MD. LANES RECD BY REGISTRAR 25b. REGISTRAR S S GNATURE 1969 de Georgian Vander SCHIMUNEK FUNERAL HOME



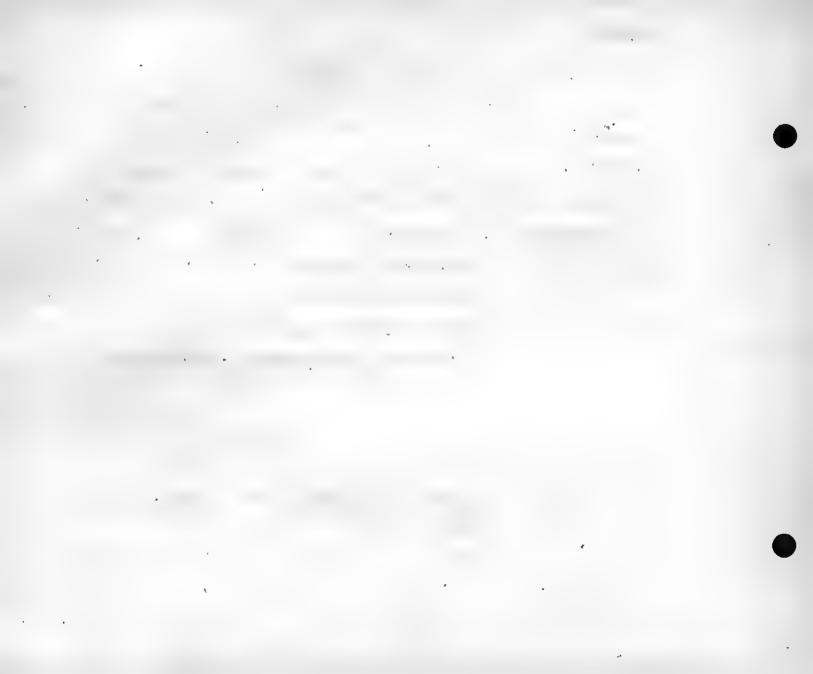
1	03410	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF HE 301 W. PRESTON STREET, BALTIN ERTIFICATE OF DEATH		03404
L	DECEASED NAME (Type or print) First MARY	Middle E	lost BOPP	20. OATE OF DEATH 3 Month 23 Day	26. HOBR
3.	Female Female	4. RACE Caucasian	May 11, 188	6. AGE (In years lost biothery)	F JNOER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70	BIRTHPLACE (Stole or foreign ountry) Maryland	76 CITIZEN OF WHAT COUNTRY? USA		COUNTY OF DEATH BALTIMORE Co.	Me
١	CITY OR TOWN OF DEATH TOWSON	11 NAME OF HOSPITAL OR INS give street oddress) Great. Bal	to MED. Cen. Repis	OCCUPATION (Kind of work done to work ng life, even if retired) tered Nurse	12b KIND OF BUSINESS OR INDUSTRY Retired
13	o USUAL RESIDENCE (Where deceosed mission) STATE Maryland	three if institution Residence before 13b COUNTY Baltimore	13c EITY OR TOWN 13d .NSIDE CITY LIM. YES NO	13e STREET AND NUMBER	
	FATHERS NAME First Gregory B		is mothers maiden name firs Katharin	e Crist	Lost
10	60. WAS DECEASED EVER IN U.S. ARM Yes, no. or unknown) (11 yes give we	ED FORCES? If or dates of service) 16b. SOCIAL SECURITY N 215-32-99		1619 Cottage La	ne #4
		DUE TO, OR AS A CONSEQUENCE OF (b) Metastasis DUE TO, OR AS A CONSEQUENCE OF (c) Long Bone			
× Soliton	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PER	YES 🔲 NO 📆	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor er) P.M. 19	21c. HOW INJURY OCCURRED (Enter n		
	While Not while at work of work 22a I certify that (1) (this saw the deceased all couses stated above. 22b. SIGNATURE	s hospital) ottended the decease are an March 23 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING DEGREE PHYS DEGREE 22e ADDRESS 6701 N. C	CTOR D STAFF D 22c. D 3/	69_, that (I) (ve) los e ond hour and from the ATE SIGNED 123/69
	REMOVAL (SOR (V)	3/26/69 Holy C1	ross Cemetery	23d LOCATION (City or Town) Baltimore Maryla	(County) (State)
3	Leonard J. Ruck	Inc. 5305 Harford	Road 21214 DATE MAR	REGISTRAR 1969Sb REPUBLIS	Judge



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1	MARTIAND STATE DEPARTMENT OF HEALTH				
Market Land	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201			
	03412 CERTIFICATE OF DEATH	03406			
· (2)		o. DATE OF DEATH 26. HOUR			
· to 包含素	Type or print) CLARENCE QUAY BRADLEY	Month 14 Doy / OYeor			
5 5 5	EX 4 RACE S. DATE OF BIRTH	6. AGE (In years IF JWOER 1 YEAR IF UNDER 24 HRS.			
of the last		lost birthstay) MONTHS DAYS HOURS MIN			
rs of Page	MALE WHITE , 12/14/00	O 8 YRS.			
hau hou	INTERIOR DE MAKKIED	OUNTY OF DEATH			
24 d ii 72	XX A WIDOWED DIVORCED B	altimore County, Md.			
fille Page High		CCUPATION (Kind of work done f working life, eyen if retired.) 12b, KIND OF BUSINESS OR INDUSTRY			
with with with	Mount Wilson give street oddress) St. Hosp. during most of Ap	MINISTRATOR			
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on executed within 24 haurs and zeropletely filled in by the move carban papers. Pagin aity event, within 72 hours	nission) STATE MO NO. COUNTY BALTTHORE BALTIHORE YES NO	205 OKKLEE VILLAGE			
nd ben	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First	Middle Lost			
in arm	AMBROSE G. BRADLEY HANNI	?(Unknown)?			
ate b ician lease and i	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	Address			
ertificate b physician nen please iaval, and i	Yes, nevar unknown) (If yes give war or dates of service) 177-09-2650 Records, Mt. 1	Wilson State Hospital			
eath certific		APPROXIMATE INTERVAL			
re death cer attending p permit. The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardiac Failure	BETWEEN ONSET AND CEATH 2 4 Three			
dea frmi	IMMEDIATE CAUSE (6) COCCOOLS JULY 200	27.00			
he all	Conditions, it only which gove DUE TO, OR AS A CONSEQUENCE OF	15 42			
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t frag	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	L. Parmai Ima			
equires that the d physician. signed by the att burral-transit perr burial, crematian,	(c) Pill monary later curoses	+ praction of the			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(o)			
w r ling sen sen the					
s brand	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
IDING PHYSICIAN: The law real by the haspital or attending After this certificate has been to be defached far use as the state Dept. of Health priar ta	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED. (Enter not	CROSES OF DEATHS			
afe leaf		ure of injury in Port 1 or Port 2, Item 18.)			
記録演者	Grant Butting Cause of Oeath HOUR A.M. Month Doy Yeor P.M. 19				
PHYSI ne hasp his cer etache Dept.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town County State			
JING PHYSICIAN by the haspital ffer this certifice be detached far State Dept. af He	While Not while of work at work				
ATTENDING etained by the CTOR: After it shauld be de vith the State I	220. I certify that (1) (this haspital) attended the deceased from 3/1/4	, to 3-/17, 1969, that (1) (we) last			
A P P P P P P P P P P P P P P P P P P P	sow the dereased glive on 2//7 1969, and that in (my) (our) apinion	n death occurred on the date and hour and from the			
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the	causes stoted obove, (I) (we) (did) (did not) view the body after death.				
Fer retain with with with with with with with with	22b. SIGNATURE ATTENDING MED.	STAFF 22c. DATE SIGNED			
	DEGREE PHYS DIRECT	TOR X STAFF \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
AL AL Pod	22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D. 22e ADDRESS Mount Wil:	son, Maryland			
Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld should be filed with the					
HO Ige FUI FUI hou	DEMOVE II	d LOCATION (City or Town) (County) (Stote)			
5g 5g ≥		Baltimore City Balto. Md.			
VR A15 PA	FUNERAL DIRECTOR ADDRESS 250. REC'D BY RE				
30M REV.	Howard H. Hubbard 4107 Wilkens Ave. 21229 DATMAR 1	9 1969 if Janes years			



1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	03413 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3407
HEALTH DEPT.	I. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day	Year 2b HOJR
of ge	(Type or Print) HARRY H. BRESEL SR DEATH MATED [] 3-2	Year 25 HOUR
delay and 3 M3. Po	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years least brightday) 15 J 2 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Month 2 Doys 4 Yes	or 1960 GO M
50	70 BIRTHPLACE (State or foreign 76 CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Transfer of the state of the st	COUNTRY) M.D. USA WIDOWED & DIVORCED BALTO.	Md
the the	ESS EX give street address) KENT RD. during most of working life, even if retired.) INDUSTI	ND OF BUSINESS OR RY STEEL
25 - 100 - 12	13a JSLA. RESIDENCE (Where deceosed lived, if institution Residence before odmission) STATE MD. 13b COUNTY BALTO ESSEX YES□NO□ 1433 KENT	RO.
24 hours In Helm 18	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
e 3 0 3	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Fyes gave wor or days of service) (214-03-1279 LARRY H. BREGAL TR.	145-3
wrt your you	THE THE STATE OF T	APPROX MATE INTERVAL
d be executed within d "pending" in penci Chief Medicol Exomin transit permit. File po y event within 72 ho		ETWEEN ONSET AND DEATH
exe f Me f Me sit pe	Canditions, if any, which gove	
should be one word "pe on the Chief buriol-transit	rise to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho te w o th buric	lost. (t)	
ficate ing th ded t ded t os a l, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certil , writh orwol used movo	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 2 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part L or Part 2, Item 18.)	20 AUTOPSY?
This ficote, be for ld be to or rer	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)	AEZ NO
## ## P °	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, at work	nty State
ICAL E) executor for Poget for) CTOR: P		ond in my opinion
Se es crommed med buy	death resulted from: Natural causes 🗹, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍	
o DEPUTY DICAL EXAM necessory, pleose execute the funeral director Page 45 may be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, cren	ACTUAL SIGNATURE CHIEF MED CAL EXAMINER 226 DATE SIGNED	111.
o DEPUTY necessory, the funero 5 may be 5 FUNERA! Health pr	EXAMINER'S NAME (Type) M. B. DAITIS 6800 MORNING TO LADD STATE (TYPE) M. B. DAITIS 6800 MORNING TO LADD STATE (TYPE) M. B. DAITIS M. B.	4109
necessor the fune 5 moy b TO FUNER Health	230 BUR.AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County	y) (State)
^ ^	BURIAL 3/21/69 DALTO. CEM BALTO. ML)
VR A15ME (5)	J. G. CONNELLY SONS MACE DATMAR 26 1969 KINGSTRARS SIGNATURE	Lacate to
Institute and the 1		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03408 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED NAME First Middle 20 DATE KNOWNET Month any delay 15 and 3 to Pege (Type or Print) Timothy J. Brennan DEATH MATED 4 RACE S DATE OF BIRTH AGE (p. years IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 3. SEX 5/3/1962 M 6 YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Baltimore U. S. A. WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) Towson Joseph's Hospital 130 USUAL RESIDENCE (Where deceased wed, if institution Residence before 13k, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER lond 2 with death admission) STATE 756 COLINTY Balto . 21212 1112 Cedarcroft Road YES TO NO ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Charles R. Brennan Alice VonRinteln podes hours should be forwarded to the Chief Medical Examiner's IAN WAS DECEASED EVER IN U.S. ARMED EDROES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, or unknown) Charles R. Brennan (Same None APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per Tue for (a), (b) ond (e) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) 0 removol 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) Farm 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection -Inquiry and in my apinian Natural causes death resulted fram: Accident [Suicide Hamicide Undetermined manner HIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER the funerof DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Baltimore Burial New Cathedral 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE



	MARYLAND STATE DEPARTMENT OF HI		
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM ORACLE OF DEATH	NORE, MARYLAND 21201	03409
	1 DECEASED-NAME First Middle Lost	2a. DATE OF DEATH	2b HQJR
	(Type of prof) Morris nmi Brenner	NILECH II	1969 630
	3 SEX 4 RACE S. DATE OF BIRTH White $4-15-94$	10 1101 (11 10413	FUNDER I YEAR IF LINDER 24 HRS ONTHS DAYS HOURS MIN
	70 BIRTHPLACE (State or foreign country) New York U.S. A. WIDOWED DIVORCED	COUNTY OF DEATH Baltimore Con	unty "
	Randallstown Name of Hospital OR INSTITUTION (If not in hospital during mass Balto Co. Gen. Hospital during mass Balto Co. Gen. Hospital	OCCUPATION (Kind of work done tot working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY MERCHANT
	Odmission) STATE N.d. (Where deceased lived, if institut on Residence before Balto 136 CITY OR TOWN YES NO NO	TSP 13e STREET AND NUMBER	
1	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME Firs		Last
	SIMON BRENNER BESS		??
	16d WAS DECEASED EVER IN U.S. ARMED FORCES? Yes you or unknown) (11 yes give war or dates of service) 17 INFORMANT MRS. ROSE BRENN	ER, 2204 TUCKER L	ANE #21207
	B CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY: DIVINAL DEATH (Enter only one cause per line for (o), (b) and (c))	1011	APPROX MATE INTERVAL BETWEEN ONSEL AND DEATH
	IMMEDIATE (AUSE (a)	-13/4	
	Conditions, if only, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) DUE TO, OR AS A CONSEQUENCE OF CONDITION CONTROL CONT	10 ILEUS	
	rse to immediate cause (a) (b) DUE TO, OR AS A CONSEQUENCE OF		
	lost. (t)		1
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCOL	NDIT ON GIVEN IN PART 1(0)	
)	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 3-17-69 INTESTINAL & BSTRUCTION YES IN NO 100 100 100 100 100 100 100 100 100 10	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter Industrial Cause of Death Hour A.M. Month Day Year	nature of injury in Part 1 or Part 2, ite	m 18.)
	(If either, natify medical examiner) P.M. 19		
	21d. INJURY OCCURRED While Not while of work of work of work at work	City or Yawn	County State
	22a. I certify that (I) (this hospital) attended the deceased from $-5 = 1.6$. 19.60	9. to 3-11, 196	9, that (!) (we) las
	saw the deceased alive an	an death accurred on the date	and hour and from the
	22b/SIGNATURE C - WD, ATTENDING - MET	STAFF 22c DA	TE SIGNED
,	22d, PHYSICIAN'S 22e, ADDRESS	ECTOR L PHYS. L	-01-01
		OUNTY GENERAL HOS	SPITAL
		23d LOCATION (C ty or Town) ROSEDALE, MARYLAN	(County) (Slote)
Q			
9	24 FUNERA DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD? DAMAR 2	6 1969 /2000	of market







n 1		MARYLAND STATE DEPARTMENT OF HEALTH	
TOD STATE		03418 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03412
' FOR STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED-NAME First Middle Lost 20 DATE KNOWN MORPH	
HEALTH-DEPT.		(ype or Print)	
y is 3 ta age	3 5	BENJAMIN A BRILL DEATH MATED X	19 M
ny delay is 2, anii 3 ta PM3. Page	د د	white less brithday) MONTHS DAYS HOURS MIN Month Doy	2d HOUR 12:25
2, on 3 PM3. Pa	70	male maire 9/22/19/9 49 yrs 37 37 BIRTHPLACE (Stote or foreign 7b. CITZEN OF WHAT COUNTRY? 8 MARRIED PNEVER MARRIED 9 COUNTY OF DEATH	1969 A. M
- E		try) (/ ^ · · · · Palasimons	** 1
ges o fa	₹0. €	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12c, USUAL OCCUPATION (Kind of work done 1	12b KIND OF BUSINESS OR
This certificate shauld be executed within 24 haurs after death totale, writing the word "pending" in pendi in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiners Office along with farm if be used as a burial-transit permit. File pages 1 and 2 with the State ear remayal, and in any event within 72 haurs after death			Waiten chance
fer Giv Giv th th	13o.	USUAL RES DENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 3d. INSIDE CTY LIMITS? 13e STREET AND NUMBER	el mingran
s of 18.	0	Wary fand 13b. County imore Woodlawn YES NO Cx 905 Southri	dge Road
hours after them 18. Git Office along office along with after death	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
ris a constant		Cthyl P. Brel Comma 7. O	donovan
within 24 pencil in muners le pages 72 haurs	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 85, ng. of unknown) (If yes give wor or gates of service) 16b SOCIAL SECURITY NO 12 INFORMANT ADDRESS	
File p		yes will Montour Crell (Jone)	
shauld be executed with word "pending" in per the Chief Medical Exemural-transit permit. File in any event within 72		16 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding" ir Medical I permit. nt within		IMMIDIATE CAUSE (o) GUTTSTIOL WOULD OF HEAD	
ex Sence of M f		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove	
d be d "p Chie rran: y ev		nse to immediate couse (o), (b)	
shauld be e ne word "per ta the Chief I burial-transit I in any even		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e sh the ta bu		(c). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ICAL EXAMINER: This certificate shauld be executed we executed to sexecute the certificate, writing the ward "pending" in far. Page 4 shauld be forwarded to the Chief Medical Exect for your files. CTOR: Page 3 shauld be used as a burial-transit permit. Fileburial, cremation, or remaval, and in any event within?		THE 2 OF THE STORM COMMING COMMING TO DEATH BUT NOT RECEIVED TO THE PERIMINAL DISEASE OR COMMINGN GIVEN IN PART 1(0)	
war war war aval	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
INER: This certificate, writh should be forwar files. 3 should be used ashould be used nation, ar removal	CERTIFICATION	WAS PERFORMED?	YES NO 🔀
4= = -	L GR	210 EXTERNA. CAUSE WAS 21b TIME OF INJURY Month, Day Year PRIMARY IX OR CONTRIBUTING HOURSAND. 3/0/	m 18.)
INER: e cert shaulc files. 3 shau iatian,	MEDICAL	CAUSE OF DEATH 9:45 PM 3/2/ 19 69 SUDJ. SHOT SELT In head	
	ME	21d INJURY OCCURRED WHILE NOT WHILE AT WORK A	County State
bical Examiner: se execute the cert sctar. Page 4 shauls ned far your files. tECTOR:Page 3 shau burial, crematian,			imore, Md.
Xect Xect For for for Irrial,		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🗶 , Inquiry	and in my opinion
bica director. etained DIRECTO		death resulted from: Natural causes , Accident , Suicide X, Hamicide , Undetermined manner (
TY please y, please and direct direct be retaine to priar to be priar to b		ACTUAL 1/51/51 2007	
EPUTY DICK ssary, please e funeral director ay be retained NERAL DIRECT the prior to but		SIGNATURE (ASS STANT MEDICAL EXAMINER ASS STANT	3/69
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your D FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S Werner U. Spitz, M.D. DEPUTY MEDICAL EXAMINER	3/09
TO DEPUT necessary the funer 5 may be TO FUNER/ Health p	230		(County) (State)
	6	DEMOVAL (Specify) 3/6/1969 Battimore Tutional Battimore	21
	24	FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REG STRARS S	IGNATURE
VR A15ME (5)	21	un Comon · Son Anc. 901 Hallus St. DATE MAR 5 1989 Ochian	elas Indas
13		(Falts md.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03413 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 2b. HOUR DECEASED NAME Eirst (Type or print) Month Yeor 2:15 M FRANKLIN H PROWN IF UNDER 24 HRS 4 RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR 3. SEX 1901 lost birthdoy) MOURS Male White July 8. XXXX requires that the death certificate be executed within 24 haurs physicial and completely filled in by 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Maryland U.B.A WIDOWED [7] DIVORCED [Baltimore within 2 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if refired. NDUSTRY Ret Broadcast Rec Packer-Bend carban Baltimore 21204 St. Joseph Hospital event, 130 USUAL RESIDENCE (Where deceased lived, functitution Residence before 13c CITY OR TOWN 13d INSIDE CITY UNITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY BERTHOOTE Bal timore YES NO 🖂 1 Orkney Court Demove burial, cremation, or removal, and in any IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Zenobia John Williams L. Brown 16b. SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) If yes give war or dates of service) (Same P15-01-1600 Mrs. Johanna G. Brown APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. MYOCARDIAL INFARCTION ACUTE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-transit p rise to Immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. of Health priar ta O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? NO M YES [210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County While Not while of work 1969, that (i) (we) las 22a. I certify that (I) (this hespital) attended the deceased from saw the deceased give on JAN 1967, to 3/27 _19*69*, and that in (my) (our) apinian death accurred an the date and have and from the saw the deceased alive on... causes stated above, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** director, page 3 shauld be filed w PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S 5662 NAME (Type) Dr. Robert May 23d. LOCATION (City or Town) (County) (Stote) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) Liberty Road. Lake View 2Sb REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR **FUNERAL DIRECTOR** 30M REV, 1/68



1					D STATE DEPART					
		00100	DIVISION OF VI		301 W. PRESTON	-	IMORE,	MARYLAND 21201	0.3	414
Ļ	DE	13480			CERTIFICATE O	F DEATH	1			
1		EASED-NAME First pe or print)		Middle	Lost	•••	2o. DAT	E OF DEATH Manth Da	ro Xeor	2b HOU P
_	SEX	LAU			BROV			3 2	-	7:45 M
3	SEX	female	4 RACE Nega	10	S. DATE OF		200	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	E UNDER 24 HRS HOURS MIN
1	. n	RTHPLACE (State or foreign			ank		89			
	o. B!	rv)	7b. CIT.ZEN OF WHAT		8 MARRIED NEVER N			OF DEATH		
10	0 (1	Maryland IY OR TOWN OF DEATH		OF HOSPITAL OR INI	WIDOWED DI	VORCED		altimore	100 1000	Md
		_	give stre	et address)	,		ast of warl	ON (Kind of work done king <u>fe</u> even if retired)	INDUSTRY	BUSINESS OR
11	30 I	TOWSON SUAL RESIDENCE (Where decease	Standard of continuous	tJoseph	Hospital	13d, INS DE CITY	m	STREET AND NUMBER	Trive	to Homes
a	dmis	sian) STATE Maryland	13b COUNTY B	alto	Towson		0 🖼	130 Ches	oneoka	A Warrisa
		THER S NAME First	Middle	Last		MA DEN NAME.	-91	M.ddle	whoave .	
ľ		Pario	Introduc	Brow		Land	*	W.OOLG	6/.	Last
h	6a. 1	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 116	b. SOCIAL SECURITY I		-07-00	Laco	Address	Tury	may
ı	Ye	s, na, ar unknown) († yes give wo	ir or dates of service)	non	e Soroth	Bion	71-4	09 Facrinos	und ave	Touson
=	T	18. CAUSE OF DEATH (Enter onli	v one rouse per ane	or (a) (b) and (c)					APPROX	IMATE NTERVAL DISET AND DEATH
	1	PART I DEATH WAS CAUSED	BY		ive Heart]	Failure			WEINASS W.	UNSET AND DEATH
		41. 4 MAINEDIA	TE CAUSE (a)		Severe deh		and			
l	-	Conditions, if any, which gave)	th)	Arterio	scleretic	Cardio V	lascul	ar Disease		
ı		rise to immediate cause (a), (stating the underlying cause)	DUE TO, OR AS A	CONSEQUENCE OF						
ı		ast.	(c)							
ı	ľ	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTIN	G TO DEATH BUT N	T RELATED TO THE TERM	INAL D SEASE OR	CONDITION	GIVEN IN PART 1(0)		
l,	z I									
	CERTIFICATION	9g, DATE OF OPERATION 19b. (ONDITION FOR WHICH	OPERATION WAS PE	RFORMED 20a. Al	UTOPSY?		b. F YES, WERE FINDINGS	CONSIDERED IN (ERTIFYING
1	KIE				YES			SES OF DEATH?		
		?10. ACCIDENT WÁS UNDERLYIN: □ OR CONTRIBUTING □ CAUSE OF DEATH		JURY Month Day Year	21c. HOW INJURY	OCCURRED (Ente	er nature of	injury in Part 1 or Part 2,	Item 18.)	
20.00	ă	If either, natify medical examin	er) P.M.	· 19						
		21d INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT	HOME FARM, STREET, FAC EICE BUILDING, ETC.	TORY) 21f. LOCATION S	treet or R.F.D. No	1.	City or Town	County	State
	RC.	r wark at wark			3-21		60			
		220. I certify that (1) (this saw the deceased of	s hospitol) attend	led the deceose	ed from 2-24-	, 19_	69, fo.	3-24 , 19 th occurred on the d	69_, tho	
		couses stated above	(I) (we) (did) (di	d not) view the	body ofter deoth.	(my) (ant) ob	miori ueo	an occurred on the d	ore and vool	our nom the
		22b. SIGNATURE	-		· · · · · · · · · · · · · · · · · · ·	IDING	HED.	220	. DATE SIGNED	
		Loura 1/2	andrel	H.	D . DEGREE PHYS	IDING	MED. D RECTOR	STAFF PHYS.		
L		22d. PHYSICIAN'S NAME (Type) Towns	a a- 11	2 1/2		ADDRESS		3 7 - 7 1 4	26.3	(00.50
		Awair (Libbe) Forus	G. Gaudi					ed, Baltimor	e, Md.	21204
2	3a /	BURIAL, (REMATION, 23b C	29 69	_ /	CEMETERY OR CREMATORY	21	700	LUSON, PS	etto, a	s, md.
2	4 =	n. V. Chatman	h-17017	ma cul	lohst.	250 RECD	2 7	969 2Sb. REGISTRAR	S S GNATURE	at.
12				//						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03415 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR hours after death. ъ (Type or print) 1004 5:20A 1969 MINNIE В. BROWN MARCH 3 SEX 4 RACE IF UNDER 1 YEAR 6 AGE (In years E JNOER 24 HRS 1888 24, WHITE FEMALE last **brithday**) 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF BEATH country) Baltimore. WIDOWED TX Maryland U.S.A. DIVORCED [T] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR give street oddress) during mast at work na life, even if retired) INDUSTRY remove carbon Hospital Joseph Towson and in ony event, 130 SUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CTY JIMATS? requires that the death certificate be executed 13e STREET AND NUMBER odm ssion) STATE NOIT 2623 Wendover Rd. #21234 Marvland 14 FATHER'S NAME Middle LOUIS RNICS 160. WAS DECEASED EVER IN U.S. 16b SOCIAL SECURITY NO 17 INFORMAN Address Yes, no lar unknown) (If yes give war or dates of service) signed by the attending physic burial-transit permit. Then pl burial, cremotian, or removal, 218098522 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Severe Anemia MMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Acute myelogenous leukemia rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to has been Generalized Arteriosclerosis TO HOSPITAL OR ATTENDING PHYSICIAN: The low 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO. this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF THURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while ot work L at work 22a. I certify that (1) (this haspital) attended the deceased from February 2019 69, to March 10, 1969, that (1) (we) last saw the deceased alive an March 10, 1969, and that in 1969, and that in 1969, and the deceased alive and the date and hour and from the TO FUNERAL DIRECTOR: After , and that in (my) (our) opinion death accurred an the date and hour and from the 4 moy be retorned couses stoted above, (4)-(we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF March 10, 1969 DEGREE DIRECTOR 22d. PHYSIC ANS 22e ADDRESS Towson, Maryland #21204 NAME (Type) 7620 York Road Gualberto Gokim, M.D. BUR AL CREMATION, REMOVAL (Specify) 23b. DATE NAME OF CEMEZERY OR CREMATORY 23d LOCATION (City or Tayen) _FUNERAL DIRECTOR 250 REC D BY REG SIRAR 2Sb VR III15 (4)



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7	MAKTLAND DIVISION OF VITAL RECORDS, 3	31AIE DEPAKIMENT OF 301 W. PRESTON STREET, BAL		
03424		ERTIFICATE OF DEATH	,	03418
GEORGE 3 SEX	G. EARLE Middle EARL	BURDETTE 5. DATE OF BIRTH	20. DATE OF DEATH Month Doy March 6. AGE (In years)	Year 2b. HOUR P 10:25 M
Male To Normalia (San a Caralla	White	8-12-1895	73" YRS.	
70 BIRTHPLACE (Stote or foreign country) Maryland	TO CITIZEN OF WHAT COUNTRY?	MARRIED MEYER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH	
10 CITY OR TOWN OF DEATH Towson	give street oddress) St. Joseph	TUTION (H not in hospital 120 US. during n	Baltimore AL OCCUPATION (Kind of work done nost of work ng life, even if retired) retired -Elec.	12b KIND OF BUSINESS OR INDUSTRY Own Busines
odmission) SIAJE Maryland	A3P COUNTA	Baltimore 13d MSIDE CITY 13d MSIDE C	UM TS? 130 STREET AND NUMBER 10 3108 Mareco	Ave. 21213
4. FATHER'S NAME First George	M ddle Lost Burdette	5 MOTHER'S MALDEN NAME Emma	First Middle Reeder	Lost
IAO WAS DECEASED EVER IN . S ARME	D FORCES? or dates at server 214-34-4301	Joseph A.Fre	llerton Awas, ese,son-in-law	21236
PART I DEATH WAS CAUSED AMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) Massive as OPERS FOR EXCEPTION OF THE CONTROL OF THE CONTRO	nary edema	ic contents	APPROX MATE INTERVAL BETWEEN OWSET AND DEATH
Parkinson's D			20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
S OR CONER BLITING CAUSE OF DEATH	r) HOUR A.M Month Doy Yeor P.M 19		er noture of injury in Port 1 or Port 2, It	
While Not while at work 10 (I) (this saw the deceased all causes stated abave, 22b SIGNATURE	haspital) attended the deceased we an March 13 19 (i) (we) (did) (did nat) view the b	I fram February 10, 19 69, and that in (my) (aur) ap ady after death. DEGREE ATTENDING DEGREE PHYS	69, to Narch 13, 19 oinian death accurred an the dat	County State 59 , that (1) (we) last e and haur and from the ATE SIGNED 3-14-69
22d. PHYSICIAN'S NAME (Type) Ines 230 BUR AL CREMATION, 23b DJ	ATE 23c NAME OF CI	22e. ADDRESS YOU	ek Road, Towson, Mo	d. 21204
BUY I BUY 3/	17/69 New Ca	thedral Cem.	Baltimore, M	d.
Schimunek Fu 3331 Breh	neral Home, ADDRESS ms Lane	DATE	Y 16 1969 25b REGISTRAR'S S	Es Indas



Mount Wilson give street address Mt. Wilson St. Hosp during most of working life, even if retired INDUSTRY	2b HOUR 130 PN H LADER 24 HRS. S HOURS MIN
1 DECEASED NAME (Type or print) 3. SEX A RACE A RAC	2b HOUR 2 O M IF UNDER 24 HRS. 5 HOURS MIN
(Type or print) 3. SEX Ma Co 4. RACE 4. RACE 5 DATE OF BIRTH 5 DATE OF BIRTH 6 AGE (In years last brithday) 70 BIRTHPLACE (State or foreign country) 70 BIRTHPLACE (State or foreign country) 71 DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give, street address). Mt. Wilson St. Hosp 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence, before last city or Town) 131 DEATH 132 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 132 USUAL RESIDENCE (Where deceased lived, if institution: Residence, before last city or Town) 134 FATHER'S NAME 14. FATHER'S NAME 155 DATE OF BIRTH 150 NOTIFY ARRED OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) 150 USUAL RESIDENCE (Where deceased lived, if institution: Residence, before last city or Town) 150 USUAL RESIDENCE (Where deceased lived, if institution: Residence, before last city or Town) 151 NOTIFY: MADEN NAME First Middle 152 MOTHER'S MAIDEN NAME First Middle 153 MOTHER'S MAIDEN NAME First Middle 154 Address 155 DOCIAL SECURITY NO. 17 INFORMANT Address 156 SOCIAL SECURITY NO. 17 INFORMANT Address 156 SOCIAL SECURITY NO. 17 INFORMANT Address 157 A 20 - 56/3 Records, Mt. Wilson State Hosp	HOURS MIN
70. CITIZEN OF WHAT COUNTY? 10. CITY OR TOWN OF DEATH MOUNT WILSON 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired) 13. USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) 14. FATHER'S NAME 15. MIDDER MIDDER 16. COUNTY BELLEN MIDDER 17. COUNTY BELLEN MIDDER 18. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Baltimore County, 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. KIND OF during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of working life, even if retired) 18. MARRIED NEVER MARRIED 120 USUAL OCCUPATION (Kind of working life, even if re	
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James Burdttr MARY WHEELER Burd Burd TTF MARY WHEELER Burd Burd TOT INFORMANT Yes, no, or unknown) It yes give war or dates of service) 136-20-56/3 Records, Mt. Wil son State Hosp	Last
136-20-56/2 Records, Mt. Wil son State Hosp	DETTE
1 APPDA	oximate interval
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1- ACLE & COL PRESIDENCE DUE TO, OR AS A CONSEQUENCE OF	ONSET AND DEATH
Conditions, if any, which gave nise to immediate cause (a), stating the underlying cause last. (b) Chrome alexanderlying cause of the underlying cause (c) Perpendicular of Acus and A	days
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONJUTION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONJUTION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONJUTION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONJUTION GIVEN IN PART I(a)	CERTIFYING
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year [19] 21d. INJURY OCCURRED While Not while of work of work OFFICE BUILDING, ETC. AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. OFFICE BUILDING, ETC.	State
22a. I certify that (I) (this hospitol) attended the deceosed from 19 64, ta 3 4, to saw the deceased alive an 2 4, and that in (my) (our) opinion death occurred an the date and hour causes stated abave, (I) (we) (did) (did not) view the body after death.	ot (ł) (we) las ir and from the
22b. SIGNATURE DEGREE PHYS DIRECTOR STAFF PHYS. 22c. DATE SIGNED 22d. PHYSICIAN'S 22e. ADDRESS	
NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland	
230. BILDIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
24 FUNERAL DIRECTOR LEWELL Tunesal House Tekesvelle Date 1 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE 1 2 0 1969	



MAKTLAND STATE DEPAKEMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03420 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last and 2 death. 20. DATE OF DEATH 2b HOUR 24 hours after death (Type or print) 1969° ELMER **JERIMIAH** BURNETT March kean and campletely Affeel in by the fur Adds remove carbon papers. Pages 1 and in any event, within 72 hours after 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years F JNDER 1 YEAR 9/5/17 a last birthday) MALE Negro MONTHS DAYS HOURS YRS 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [NEVER MARRIED MARYLAND U.S.A. BALTIMORE WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR WELLER MAINST IN haspital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done be executed within 12b. KIND OF BUSINESS OR FORT HOWARD "Administration Hospital durworks trooping to ever heires 1 1 n HDLSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 136 INSIDE CITY JOHITS? 13e STREET AND NUMBER admission) STATE MARYLAND 136 COUNTY BALTIMORE YES 🔀 4207 Springdale Avenue 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST M ddie LOST Middle ELMER BURNETT FLORENCE CROSS --rtificate 160 WAS DECEASED EVER IN US ARMED FORCES? 6b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or Jakes you burial-transit permit. Then be burial, tremation, or remaval, 218 03 8690 Clinical Rcds VA Hospital, Fort Howard, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY ARTERIOSCLEROTIC GANGRENE BOTH THIGHS AND IMMEDIATE CAUSE (a) BEKENDEN SOME NAME OF ANTERIOR ABDOMINAL WALL Canditions, if any, which gave) SEPTICEMIA rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the haspitol or ottending TO FUNERAL DIRECTOR: After this certificate has been detached for use as the e Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES K YES NO [21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) director, page 3 shauld be detache shauld be filed with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC. 21f LOCATION Street or R.F.D. No. City or Town (dunly State While Not while 22a. I certify that **) (this haspital attended the deceased from Dec. 30 , 19 68 , ta March 3 , 19 69 , that (**) (we) last saw the deceased alive an 19 69 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave (we) (did) (cac) view the bady after death 22b SIGNATURE 3/4/69 ATTENDING MED DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) MADHAY D. BURHANPURKAR, M.D. VA Hospital, Fort Howard, Md. 23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) APAGATAP (POLICE) Baltimore National Baltimore, Maryland 3-6-69 Morten &DDDyett Funeral Home (D BY REG STRAR 24. FUNERAL DIRECTOR 1701 Laurens St. Balto

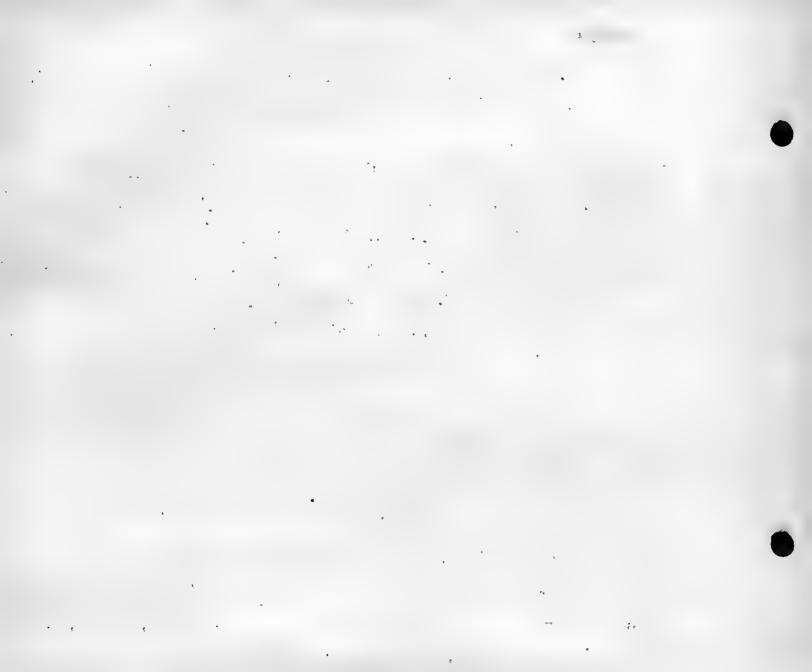


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		03427 DIVISION	OF VITAL RECORD				AND 21201	034	91
FOR STATE		00214	MEDICAL E	XAMINER'S		OF DEATH		003	A 3.
HEALTH DEPT.		EASED NAME First pe or Print)		Middle	Lost		20. DATE KNOWN Month OF ESTI-	Doy Yeor	2b. HOUR
of of	- 1	WILL:	LAM	EDWARD	BUR		DEATH MATED	19	М
detay ind 3 is. Pa	3 SI	4. RACE	5 DATE OF BIRTH	6. AGE (In year last birthday)	MONTHS DAYS	SF UNDER 24 HRS. HOURS MIN	2c. DATE PRONOUNCED DEAD	M	2d Hous
any delay is 2, and 3 to PM3. Page	172	ale white	March 21,			HOURS KILLY	March 10,	Yeor 19 6	59 P. M
22, P. 12, P. 12	70	RTHPLACE (Stote or foreign 7)	CITIZEN OF WHAT COU	NTRY? 8 A	MARRIED NEVER MA	RRIED 9 COL	INTY OF DEATH		
2 F 2 A	coun	^{y)} Pennsylvania	U.S.A.			DRCED 🗀	Baltimore		Md
ath the S	10. €	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTITUTI	ON (If not in haspital	120 USUAL OC	CUPATION (Kind of work done	12b KIND OF I	BUSINESS OR
de p	Dυ	Laney Valley	Loch	dress) Raven Dam		Police	f working life, even if retired.) Officer	Law In	forcemen
Giv ong ong ong	130.	ISUAL RESIDENCE (Where deceose	d lived, if institution. Ri	esidence before 13c. Cl		BIG THIS DE CITY LIM TS?	13e STREET AND NUMBER		
18. 18. e ak	_tº	nission STATE aryland	13b GOUNTY Baltimor	re Pa	rkville	YES NO TO	8630 XXXX 0al	k Road	
haurs after death Item 18. Give Page Office along with 1 and 2 with the Spa after death	14, 8	THER'S NAME First	Middle	Lost	15. MOTHER 5 MAI		Middle		Last
4 = k / 2 5 \		Patric	Henry	Burns		Marga		Fahey	
nine 24 numer sin poges	16α. έν	AS DECEASED EVER IN U.S. ARMED FO s, na, ar unknawn) [(If yes give w	Annual of the control	COLAL SECURITY NO.	17. INFORMANT		ADDRESS		
INER: This certificate shauld be executed within-24 haurs after death in certificate, writing the ward "pending" in percl in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner-softice along with form files. 3 shauld be used a a burial-transit permit file pages I and 2 with the Softe Denation, ar remayal, and in any event within 72 limus after death	(,	Yes Korea	192	2-20-7619	Evelyn H	I. Burns	8630 Oak Road	Balto.	21264
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).)				APPROXIII BETWEEN O	MATE INTERVAL NSET AND DEATH
shauld be executed sward "pending" in the Chief Medical E urial-transit permit F in any event withi≡		PART I. DEATH WAS CAUSED IMM(DIAT	BY- E CAUSE (a)Gur	shot Wound	l of the H	lead			
exe endi Me t pe t pe	'	700 X	DUE TO, OR AS A O						
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uld any		stating the underlying couse	DUE TO, OR AS A C	ONSEQUENCE OF					
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wri wri arwo used nav	Š	190. DATE OF OPERATION		ONDITION FOR WHICH (/AS PERFORMED?	PERATION			20. AUT	
otcal Examiner: This certificate shauld be executed as execute the certificate, writing the ward "pending" intertor. Page 4 shauld be farwarded to the Chief Medical aimed far your files. IRECTOR: Page 3 shauld be used an a burial-transit permit to burial, cremation, ar remaval, and in any event within	CERTIFICATION				In the second	and the same of		YES	□ NO X
d b	3	21a External Cause Was Primary [X] or contributing [21b. TIME OF NJURY HOUR A.M.				re of injury in Part 1 or Part 2,	Hem 18.)	
shar tian	MEDICAL	CALSE OF DEATH	UNKEM	3/10/1969		ot self		(fl.d
ARN the tr fi	₹	21d INJURY OCCURRED 21e P.	ACE OF INJURY (At hame ary, affice building, etc.)	e tarm, street,	21f LOCATION Street	or R LU No	City or Town	County	Stote
DICAL EXAMINER: se execute the certification. Page 4 shauld med far yaur files. RECTOR: Page 3 shauld a burial, crematian,			ary, affice building, etc.) Parking lot					Baltimo	
cal EXA		22a. I certify that I to	ak charge af the ren				spection 🗶 , Inquiry		my apinian
EG e e e E		death resulted fram:	Natural causes], Accident [_]	Suicide [X],	Hamicide	, Undetermined manner		
please I director retaimed DIREC		1100 1	150	1		IEF MEDICAL EXAMIN			
y, ple riol dil	-	ACTUAL SIGNATURE	M. Yr	11	111.10	SISTANT MEDICAL EXA	Julius Las	E SIGNED 3/11/69	
EPUTY DICA ssary, please es furreral director. ay be retained iNERAL DIRECTOR		EXAMINER'S Werne	r U. Spitz	. п.м.		PUTY MEDICAL EXAM		3/11/09	
TO DEPUTY DICAL EXAM necessary, please execute the furreral directar. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health rar to burial, crem		HAME (1990)				DRESS(Street, city, to			46.
5 = = 5 = 10	230	BURIAL, CREMATION, 23b REMOVAL (Specify)		23c. NAME OF CEMETE	RY OR CREMATORY	23d	LOCATION (City of Town)	(County)	(State)
	64	Burial 3-	-14-69	Moreland	Memorial	25a RECD BY RE	Baltimore Co	Maryl	and
VR A15ME (5)		FUNERAL DIRECTOR		7100111233	01.00	DATEMAR 1		relay yes	Aget.
101 DE / 1/40	1 W	E. Johnson 8	21 Loch Re	ven Blvd.	21204	DAIL MAR 1	4 1000 ^	4 /	20



MARYLAND STATE DEPARTMENT OF HEALTH

		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3423
		03429 CERTIFICATE OF DEATH	
2 62	1 D	DECEASED NAME (1) First Middle Lost 20, DATE OF DEATH	2b. HOUR
ral nd			ear a DP M
une r de	3 \$	SEX 4 ACE S. DATE OF BIRTH 6 AGE (in years IF UNDER I	07.01
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D 4 36		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
7 F F ST		Maryland G.S. H. WIDOWED DIVORCED Bahlimora	Md.
语 第 6 语)	10	CITY OR (OWN OF JEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working ife, even if retired) INDUS	IND OF BUSINESS OR
Air		Then Arm Glen arm Road leach 1 leach 1	IKT
d d		O USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	1
eve eve	odm	mission) STATE M. 136 COUNTY astimore CLENKOM YES NO X ylan arm	md.
exe Single	14	FATHER'S NAME / First Middle Lost 15 MOTHER'S MAIDEN NAME First , Middle	Last
2 15 7.5	1	Michael Catill Ella Stockett	
	160	o, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address	
	13	Yes, no, or unknown) (II yes give war at doles at service) 216-54-2036-SR. M. Kathley	ene
phen hen	F	10 CAUCAGE STATE (C.)	APPROXIMATE INTERVAL
# # FE		PART L DEATH WAS CAUSED BY	TWEEN ONSET AND DEATH
dea tend mit	L	IMMEDIATE CAUSE (a) Coronary occulsion	
9 de 10		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) Carterioselerates Heart disease	
the the man		Inserta immediate cause (a). 197	
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phy sign		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ing the to	=		
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death estained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then research move carban pages. Pages 1 and 2 with the State Dept. at Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death	CERTIFICATION	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED	D IN CERTIFYING
X its a gradual X	E	YES NO CAUSES OF DEATH?	
are are			
STE STE	MEDICAL	Government Hour A.M. Month Doy Year Government Hour A.M. Month Doy Year Government Hour A.M. Month Doy Year Hour A.M. Hour	
YSI cer cer chec	E E	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County	State
PH P	П	While Not while at work at work	
NG y the erd ate	П	220. I certify that (1) (this hospital) attended the deceased from July 1 st 19 68, to January 30, 19 69	that (I) (we) last
d b d b d b d b d b d b d b d b d b d b	П	220. I certify that (I) (this hospital) attended the deceased from July 12t , 19 68, to January 30, 19 69, sow the deceased alive on January 3072 19 69, and that in (my) (our) opinion death occurred on the date and causes stated above, (I) (we)(did)(did hat) view the bady ofter death.	nour and from the
ON STATE			
A SE PROPERTY	1	226 SIGNATURE 1/2 PSC DATE SIGN	IED / G
Pe Se		JOUNT OF THE DEGREE PHYS DE DIRECTOR DE PHYS. DE 3-72	2.69
A September 1		22d. PHYSICIAN'S 22e. ADDRESS 2	1131
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then research move carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.		HENRY WITH CONTROL IND MOCHET MIGHT GIGHT	-01
HO FUN Fort	230	do. BURIA., CREMATION, 236. DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County	y) (State)
2 0 5 A		REMOVAL (Specify) 3-14-69 Sisters Cemetery Notch Cliff Gean Ar	
ORALARY	24	Raymond J. Curran 817 Scarlett Dr. 25g RECD BY REGISTRAR 25b. REGISTRAR S SIGNATUL	RE
30M REV. 188	1	Raymond J. Curran 817 Scarlett Dr. 21204 PATE: REGISTRAR 256. REGISTRAR S SIGNATULE OF REGISTRAR 2 2 1 1969 Colombia V.	es de cede



7	03430		CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	03424
death.	i DECEASED-NAME First (Type or print) LENNA		last CAMPBELL	20. DATE OF DEATH 3 Month 9 Day	69 ^{Yeor} 11a M
as offer	3. SEX FEMALE	4. RACE Cau	s. date of birth 4/15/91	6. AGE (In years last buthday) 77 YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN
n 24 hours illed in b poppers.	70 BIRTHPLACE (State or foreign country) Minn. 10. CITY OR TOWN OF DEATH	75 CITIZEN OF WHAT COUNTRY? USA 11 NAME OF HOSPITAL OR INS	WIDOWED DIVORCED TITUTION (If not in baspital 12e 115114	AL OCCUPATION (Kind of work done	Md 12b. KIND OF BUSINESS OR
ed within pletely for corbon ent, with	TOWSON 130. USUAL RESIDENCE (Where deceded admission) STATE	give street oddress) bal great. bal sed lived, if institution. Residence before	t. Med. Cen during mo	MITS? 13e STREET AND NUMBER	INDUSTRY
e execut and com Lemove n ony ev	IVI d	Middle Lost am Campbell	Balt YES X NO IS. MOTHER'S MAIDEN NAME F	102 210111	ilton St
inicote de hysicion a please ral, and i	160. WAS DECEASED EVER IN U.S. AR			Address 16 Nottingham R	Baldwin d Balt Md 29
eath cert ending p nit. The	PART I, DEATH WAS CAUSE	only one couse per line for (o), (b), and (c) (D BY ATE CAUSE (a) GENERALIZ		SIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
te low requires that the death certificate be executed within 24 hou thending physician. as been signed by the ottending physician and completely filled in be so the burial-transit permit. Then please_remove corbon papers, prior to burial, cremotion, or removal, and in any event, within 72 hou	Canditions if any, which gave rise to immediate couse (o),	(D)	of the TONSIL		
quires the physician physician signed benial-troportion burial, cr.	stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	(t)NDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificote be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the function, page 3 should be detached for use as the buriol-transit permit. Then please permove corban papers. Rages I and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY? YES \ NO \	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
may be retained by the hospital or att RAL DIRECTOR: After this certificate hat page 3 should be detached for use be filed with the State Dept. at Health page 3.	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Year iner) P.M. 19		nature of injury in Port 1 or Port 2, I	
NG PHY the ho er this c edetech ore Dept	While Nat while	. PLACE OF INJURY (AT HOME FARM, STREET, FAC			County State
VITENDIII TOR: Afthould be the the St	ROOL CICKLETURE	nis hospital) attended the deceose alive an MATCA 1 le, (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	9 69, and that in (my) (our) api body after death.	nion deoth occurred on the da	te and hour and from the
MAL DIRECTOR AL DIRECTOR AL DIRECTOR 3 S poge 3 S milled will	234 DHARMING	aralis MD	DEGREE PHYS. LJ D	ritterior - Prilis	DATE SIGNED 3/9/69
D HOSPIT. Page 4 mc D FUNERA Tirector, p	23o. BURIAL CREMATION. 23b.		CEMETERY OR CREMATORY	Charles St.	2 12 0 4 (County) (State)
OF DE NEW TYPE	Burial 24. FUNERAL DIRECTOR 6212 Wm Cook-Bro	3/12/69 Par Balt Nat'l Piless oks West Inc Balt	kwood Md 21228 25a, REC'D B DATMAR	Balt Co Md y registrar 25b. registrar's 1 3 1969 Autom	SIGNATURE

MAKILANU STATE DEPAKTMENT OF REALIN





1	03432	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH		03426
hours after death.	(Type or print) MZ	rst M.ddle L.	CAREY	20. DATE OF DEATH 3 Month 3-16-	Yeor Zb. HOUR
in The fun ers Pages 1 2 hours after 0	FEMALE	4. RACE CAUCASIAN	S. DATE OF BIRTH 5/9/1897	6 AGE (.n years lost tyrnfidoy) YRS	IF UNDER 1 YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN
pers 72 hou	7a BIRTHPLACE (Stote or foreign country Virginia	75 CITIZEN OF WHAT COUNTRY? USA	WIDOWED X DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md
bon po	BALTIMORE	give street address) G. 1	B.M.C. during me	L OCCUPATION (Kind of work done post of working life, even if retired) omemaker	126 KIND OF BUSINESS OR INDUSTRY
ove cor	Maryland Maryland	eosed lived, if institut an Residence before 13b COUNTY Ltimore		M.TS? 13e STREET AND NUMBER 22 Acorn	Circle
/		Middle tost Harding	IS MOTHERS MA DEN NAME F	ırst M. ddie	Last
val, on	Yes, no, or unknown) (if yes g		8376 -Mr. Thos.	M. Carey, Jr.	
tor use os the burial-tronsit permit. Then please remove corbon papers. Pages I and 2 Health pr.or to burial, crematian, or remaval, ond in any event, within 72 hours after death.	Cand tons, if any, which goruse to immediate cause (c stating the underlying cau lost. PART 2 OTHER SIGNIFICANT DTABET	DIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DIABETE CONDITIONS CONTRIBUTING TO DEATH BUT NO CES MELLITUS WITH	TORY AND CARDIAC AL PNEUMONIA AND S_MELLITUS OF RELATED TO THE TERMINAL D SEASE ORCO H_DIABETIC_ACIDO	ARTERIOSCLER HEART FAILURE ONDITION GIVEN IN PART 1(0) SIS	APPROXIMALE INTERVAL BETWEEN ONSET AND DEATH OTIC
th pr.o		76 COND TION FOR WHICH OPERATION WAS PI	YES NOT		
5	S OR CONTRIBUTING CAUSE OF CAU	EATH HOUR A.M. Manth Day Year miner) P.M.	9	noture of injury in Part 1 or Port 2	, Item 18)
Store Dept. of	White Not while at work	LE PLACE OF INJURY (AT HOME, FARM, STREET, FA		7	County State
THE STORE	canses stated and	this haspital) attended the deceased in the de	ed fram 3/15 , 196 1969, and that in (my) (aur) apir bady after death.	9 , ta 3/16 , 1 nian death accurred an the c	9 69 , that (I) (we) last ate and haur and fram the
director, page 3 shauld should be filed with the S	226 SIGNATURE Pary 22d PHYSICIAN S	R. Frullande	DEGREE PHYS L. DI	ED STAFF CORECTOR PHYS. C	DATE SIGNEDY
director, page 3 should be detached for use os the should be filed with the State Dept. of Health pr.or to	NAME (Type) DI				TREET
11 00	Burian (Spicify)	3/19/69 Parkw	CEMETERY OR CREMATORY COOD Cemetery	23d LOCATION (City or Town) Baltimore	(County) (State)
	EUNERAL DIRECTOR ROCKELL	Medifald to	me tre DATE	CREGISTRATES 256 ALGUSTRAR	S SIGNATURE



FOR STATE	03433 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03427
EALTH DEPT.	DECEASED-NAME (Type or Print) Clinateth M Cavedo Last 20. DATE KNOWN Month Day Year 25 HONER (Type or Print) Clinateth M Cavedo DEATH MATED March 24145) 19 M
1, 2, and 3 to m PM3 Page Department of	SEX 4 RACE S DATE OF BIRTH 6. AGE (In yours if UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD 2d HOURS MIN MONTHS DAYS NOURS MIN MONTHS DAYS NOURS MIN MONTHS DAYS AGE 1969 A M
1 0	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 18 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED WIDOWED DIVORCED BALTIMORE Co. Md.
<u>₹</u>	TOWSON MA GIVE STREET OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (II not in hospital during most of working if e. even if retired) 120 JSUA. OCCUPATION (Kind of work done lab kind of Business OR during most of working if e. even if retired) 11. NAME OF HOSPITAL OR INSTITUTION (II not in hospital during most of working if e. even if retired) 120 JSUA. OCCUPATION (Kind of work done lab kind of Business OR during most of working if e. even if retired)
2 with death	OUSUAL RESIDENCE (Where deceased lived, if not tution Residence before 13c CITY OR TOWN Odmissian) STATE)77 d 176 COUNTY BALTHMORE YES NO 466 CROY don Rd 212/2
E de so	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost BENJAMIN BARKER UNK.
Examiner's File pages	o WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (It yas give wor of dotes of service) 218-03-2492 HILLIAM CAXEd 0 406 CROYdon Rd
ief Medical Exinsit permit. Fi	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (d)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HOPERATOR OF DEATH (Enter only one couse per line for (a) (b), and (d)) RECEIVER OF DEATH (Enter only one couse per line for (a) (b), and (d)) RECEIVER OF DEATH (Enter only one couse per line for (a) (b), and (d)) RECEIVER OF DEATH (Enter only one couse per line for (a) (b), and (d))
hief Me ansit pe	Conditions, if only which gove is to immediate cause (a), (b) Tydicolive & Right Ankle 4/Days
formulation with the chief Medical Examiner fles. should be used as a burial-transit permit. File page from a remaval, and in ony event within 72 haur	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF COST Application
as a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(a)
be used a remaval,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 22 210. EXTERNAL CAUSE WAS 275 TIME OF INJURY Month, Day, Year 21c HOW-WIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ireny 18)
<u> </u>	PRIMARY OF CONTRIBUTING B HOURAM Marchaoly 69 Ht Lellout of Bed
	21d INJURY OCCURRED 23e P.ACE OF INJURY (At hame, form, street, white NOT WHILE NOT WHILE AT WORK AT W
DIRECTOR: Page Ir to burral, crem	22a certify that I took charge af the remains described above, held an Autopsy Inspection Inquiry ond in my apinion death resulted from Natural courses Accident Suicide Hamicide Undetermined manner
iral alrector be retained AL DIRECT AL DIRECT Prior to bu	ACTUAL SIGNAPURE CHIEF MEDICAL EXAMINER (CHIEF MEDICAL
may the may the salith salith	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)
~ <u>6</u> ±	REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 1QCATION (City or Town) (County) (State)
A15ME (5)	FUNERAL DIRECTOR ADDRESS A PEGISTRAR S SIGNATURE DATE MAR 2 6 1969 ADDRESS A PEGISTRAR S SIGNATURE DATE MAR 2 6 1969

MARYLAND STATE DEPARTMENT OF HEALTH



• 6 % 0 •

10	00105		D STATE DEPARTMENT OF I 301 W. PRESTON STREET, BALT		03429
* * *	03435		CERTIFICATE OF DEATH	IMORE, MAKILANU ZIZUI	03429
€ -2€	1. DECEASED-NAME Fire	t Middle	Lost	20 DATE OF DEATH	Zb. HOUR
deoth. nerol ond 2 death.		liam Albert	Chenoweth	3 Month Doy	6400 1100 M
s after the fu	3 SEX Male	4. RACE White	s date of birth 1-26-09	6 AGE (In years last building) YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
hour rs. P	7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 led ope	Md.	U.S.	WIDOWED DIVORCED	Baltimore Cou	
within lely fill bon p	Randallstown	Balto.Co.(Gen. Hospital during m	A. OCCUPATION (Kind of work done ost of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
cuted omplet eve cor	(130, USUAL RESIDENCE (Where dece odmission) STATE Harv.an	d 13b (OUNTY Bal timore	_	**************************************	Mill Bd
exe	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
be non din din	Arthur	Chenowet	ch Iv	aude	Drusey
certificate be executed within 24 hours after death g physician and completely filled in by the funeral Then please remove carbon papers. Pages ond 2 mayal, and in any event, within 72 hours after death	16a. WAS DECEASED EVER IN U.S. Al Yes, no, or unknown) (If yes give			Address	
he death he offendin it permit.	PART I DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE OF	into film	lleten	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The law requires that attending physician. hos been signed by te os the buriol-trans the prior to buriol, crem	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE, OF	relatic Hant	Durin	
w required the photon of the purity of the p	1 / /	onditions contributing to death but no Lettes		ONDITION GIVEN IN PART 1(0)	
The la attend hos bo se os th prio	190 DATE OF OPERATION 191	o. CONDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
ICIAN: pital or rtificate d far us of Hegit	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exon	ATH HOUR A.M. Month Doy Year		r nature of injury in Port 1 or Port 2, 1	tem 18.)
PHYS the hos this ce detache	While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	13		County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached far use os the should be filed with the State Dept. of Heglith prior to	22a. I certify that (I) (t saw the deceased couses stated abov	his haspital) attended the decease alive on 3 / 19 I' re, (I) (we) (did) (did not) view the t	d from , 19 (755, and that in (my) (our) api ady after death.	nion death accurred on the da	te and haur and fram the
DIRECTOR AND SECTION OF A SHAPE O	22b SIGNATURE	130 Bemote	ZZ DEGREE PHYS 🗀 D	NED STAFF 22c I	PATE SIGNED 3/20/59
OSPITAL A may INERAL Infor, poor	22d. PHYSICIAN S NAME (Type)	LIP BERNST		STETLEX DOZ, 6	RE 1572-0ESTRUN
TO HOS Page TO FUN direct shoul	230 BURIA., CREMATION 230	Wel 24 1929 mil	EMETERY OF CREMATORY CENTER	73d LOCAT ON (City or Town) Pikesville,	Balto., Md.
VR A15 4	Trush A:	Venell Dicker	MAR 2	6 1969 SEGISTRARS	SCHALLE



2	- 1		03436	IVISION OF V	ITAL RECORDS, 301	W. PRESTON STREET	, BALTIMORE, I	MARYLAND 21201	03436	a
		1 0	ECEASED NAME First		Middle	TIFICATE OF DE		A OF DEATH		
	decutive of the contract of th		Type or print) Maud		M.	Chew		E OF DEATH rch Month 17	⁾⁰⁷ 1969	26. HOUR P 4:15 M
		3 \$	Female		nite	S DATE OF BIRTH	32	6. AGE (In years lost 8 thday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	4 hours	70 cou	BIRTHPLACE (Stote or foreign 7th ritry) Baltimore	CITIZEN OF WHAT	COUNTRY? 8 MJ	RRIED NEVER MARRIED OWED OUTORCED		OF DEATH timore	· · · · · · · · · · · · · · · · · · ·	Md
	the law requires that the death certificate be executed within 24 hours after death. Itending physician. as been signed by the attending physician and completely filled in by the truncal os the buriol-transit permit. Then please remove carbon papers. Pages and prior to buriol, cremation, or removal, and in any event, within 72 hours after the prior to buriol.		CITY OR TOWN OF DEATH Baltimore	give str	FOF HOSPITA, OR INSTITUTE STEEDS	Oh (If not in hospital ospital	20 USLAL OCCUPAT	ON (Kind of work don	e 12b KIND OF INDUSTRY	
	event,	13o. odm	USJAL RESIDENCE (Where deceased ission) STATE Maryland	liver, if institution	Residence before 13r	CITY OR TOWN (13d)		STREET AND NUMBER 210 E. Melr	ose Aven	ue
	be exe a remo	14	FATHER'S NAME First	Middle	Miller	IS MOTHERS MAIDEN	NAME First Matti	e Middle		Lost
Fe .	trificate thysician n pleas		WAS DECEASED EVER IN U.S. ARMED		66 SOCIAL SECURITY NO. 220-09-8367	Son - Joh	n s	Address		
Examine	ath cer nding p it. The r remo		18. CAUSE OF DEATH (Enter only of PART 1 DEATH WAS CAUSED B	Y Ma	for (a), (b) and (c))	rhage				MATE INTERVA. NSET AND DEATH
	the de the attentity permation, o		Conditions, if day, which gave >	DUE TO, OR AS	A CONSEQUENCE OF BAKING AORTI					
[ea]	is that ician. d by the l-trons l, crem		rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF	tic cardiova	ascular d	isease.		
Medical	require g physical n signe e burio o burio		PART 2 OTHER SIGNIFICANT CONDIT	17						
d by	The law requires that of the standing physician. It has been signed by use as the buriol-troralth prior to buriol, and	CERTIFICAT ON	196. DATE OF OPERATION 196. COI	NDITION FOR WHICH	OPERATION WAS PERFORM	ED 200 AUTOPSY?		D IF YES, WERE FINDINGS USES OF DEATH?	CONSIDERED IN CE	REFFING
Released		MEDICAL CERT	2 o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	216 TIME OF II HOUR A.M P.M.	NURY Manth Day Year	21c HOW INJURY OCCURRE		injusy in Port 1 or Port 2	2, Item 18)	
Rel	G PHYSICIAN: the hospital or this certificate defached for u te Dept. of ≣eal	MEI		ACE OF INJURY (HOME, FARM, STREET, FACTORY)	21f LOCATION Street or I	R.F.D. No	Oty or Town	County	Stote
	be Sto		22a. I certify that (I) (this saw the deceased office courses stated above, (haspital) ottenie e an <u>3-1</u> ° l) (we) (did) (di	ded the deceased fro 7-69 19 Id not) view the body	m <u>3-17</u> _, and thot in (my) (a after death.	., 19 <u>69</u> , to our) opinion deo	3-17-69 th occurred on the	dote and hour	(1) (we) ast and fram the
	OR ATTENI be retained DIRECTOR: A se 3 shauld led with the		226. SIGNATURE		even	DEGREE PHYS	MED. DIRECTOR		DATE SIGNED 3-17-69	
	Foge 4 moy for FUNERAL I director, pog				armen, M.D.			, Towson, N	ld.	
	Page 10 FUN direct			9/1969	23c NAME OF CEMETI Druid	Ridge Cemt	. Pik	ATION (Cty or Town) esville B	(County)	(Stote) Md.
	1. 10		FUNERAL DIRECTOR		ADDRESS	250	REC'D BY REGISTRA	R 25b REG STRAF	S SIGNATURE	
	45M N 89	Μi	tchell Wiedef	eld Hor	ne 6500 Yo	rk Rd.	MAKALIS	169 Herian	Land Den	-



, 1	•) STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTIN		
	03437		ERTIFICATE OF DEATH	TORE, MARIEMED 21201	03431
	/T	F.rst Middle	Lost Clark	20. DATE OF DEATH Month 3 Day	3 / Yeor 6 9 2b. HOUR
	3 SEX	4. RACE	S. DATE OF BIRTH	A ACE In years	IF UNDER 1 YEAR IE LINDER 24 HRS
	female	Negro	Aug. 7, 19	The strike of th	MONTHS DAYS HOURS MIN
	To BIRTHPLACE (State or fore gn country)		MAKATED METER MAKKIED	COUNTY OF DEATH	
	Penna.	U.S.	WIDOWED 🔀 DIVORCED	Baltimore	Md
ı	Catons ville	11 NAME OF HOSPITAL OR INST give street address) SPRING GROV		OCCUPATION (Kind of work done for working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
	130 USUA. RESIDENCE (Where diadraission) STATE	eccosed lyed, if institution Residence before 336 COUNTY Harford	13c CITY OR FOWN 13d INSIDE CTY JIM. Havre deGraces No	157 13e STREET AND NUMBER	St.
7	14. FATHER'S NAME First George Whi	Middle Lost	15 MOTHER'S MAIDEN NAME FIRS	† Mrddie	Last
	16a. WAS DECEASED EVER IN U.S			Address	
	Yes, no, or unknown) (Tyes	give wor or dates of service) 218-12-28L	2D Records: SPRI	G GROVE STATE HO	OSPITAL
	PART I. DEATH WAS COMMITTEE IN THE PART I. DEATH WAS COMMITTEE IN THE PART IN	DUE TO, OR AS A CONSEQUENCE OF	HEART FAILU.	RE	APPROXIMATE NITRYAL BETWEEN ONSEL AND DEATH
	rise to Immediate cause stating the underlying callost. PART 2 OTHER SIGNIFICANT		RELATED TO THE TERMINAL D SEASE ORCOL		YEARS
	2015	196 CONDITION FOR WHICH OPERATION WAS PERI	YES NO 🗷	20b IF YES, WERE FINDINGS COL CAUSES OF DEATH?	
	210 ACCIDENT WAS UNDER CAUSE OF CAUSE O	DEATH HOUR A.M. Month Day Year	2)c HOW INJURY OCCURRED (Enter I	ature of injury in Part 7 or Part 2, Its	em 18)
	21d INJURY OCCURRED While Not while at work		ORY) 21F LOCATION Street or R.F.D. No.	City or Town	County State
	22a I certify that (1) saw the decease causes stated at	(this haspital) attended the deceased alive an 3 - 3 / 19 ave, (I) (wid) (did) (did) view the b	from $9-17-4, 196, 9, 9, 196, 9, 196, 196, 196, 196,$	on death occurred an the date	, that (I) (we) last e and haur and fram the
l	226 SIGNATURE	Calm	DEGREE PHYS DIR	STAFF 22c D/	ATE SIGNED - 3 / - 6 9
	22d. PHYSICIANES NAME (Type) A LB	ERTO M. GUTIER	220. ADDRESS REZMO SPRIN		
	230 BURIAL (REMATION, REMOVAL (Specify)			23d LOCATION (CINT) or Town)	(County) (State)
	24 FUNERAL DIRECTOR RAPOY O. WILLSHOOD	SEAWILLY ASS LONE PORTS	House 2 250 RECD BY	REGISTRAR 25b RIG STRARS S	IGNATURE CONTROL OF THE CONTROL OF T



				TALE DEPARTMENT OF		
1			VISION OF VITAL RECORDS, 301			03432
•		03438	CER	TIFICATE OF DEATH		0010%
4 _ 24	1 D	CEASED NAME First	Middle	Lost	20. DATE OF DEATH	26. HOUR
er de le ot	1	ype ar print) C/2 r	ence Frankl	in Coboury	Month Day	Yeor 2 45 M
E F A	3 5		1. RACE	S. DATE OF BIRTH	6 AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS.
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YSIGOSPI Cent Cent St. o	WED	21d NURY OCCURRED 21e, PL	CE OF INJURY (AT HOME FARM, STREET, FACTORY OFFICE BUILDING, ETC.	21F LOCATION Street or R.F.D	Yo City or Town	County State
he he he this this detacle	П	While Nat while at work	UPHICE BUILDING, ETC	,		*
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NND Sed bed bed bed bed bed be Sed bed be Sed bed bed bed bed bed bed bed bed bed b	П	saw the deceased alive	(we) (did) (did not) view the bod	, and that in (my) (aur) o	pinion death occurred on the do	ote and haur and from the
To in the state of		22b SIGNATURE	(we) taral (ara not) view the noa	y offer dediff.	224	DATE SIGNED
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VR A15 CALO	24.	FUNERAL DIRECTOR	, 622 BADDRESS N	- PKO 250 REC'D	BY REGISTRAR 25b. REGISTRAR S	SIGNATURE
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	MARYLAND STATE DEPARTMENT OF HEALTH O 2 / 2 Q DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
		03439	DIVISION OF VITAL RECORD	CERTIFICATE OF DEATH		0.0.4.0.0
- 6-		ECEASED NAME , First	Middle	lost	2g. DATE OF DEATH	03433
eorth eorth		Type or print) Hari	~~	Cohen	Month Do	9-1969 17 pm
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homers for the part of the par		BIRTHPLACE (State or Foreign Intry) NAT + And	76 CH ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 2 9 WIDOWED DIVORCED	COUNTY OF DEATH!	re
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v rellui ing phy en sigr he bur to bur	×	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE OR COL	NOTION GIVEN IN PART ?(a)	
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CIAN: tal or inficote for u	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEAT	TH HOUR A.M. Manth Day Ye	21c. HOW INJURY OCCURRED (Enter r	nature of injury in Part I ar Part 2,	Item 18.}
by the hosp.tal or ffer this certificate be detached for ur state Dept. of Heoli	WE			FACTORY.) 21f LOCATION Street or RFD No	City at Tawn	Caunty State
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OR ATTENE be retained DIRECTOR: A ge 3 should ed with the		22b SiGNATURE	100 8 20 DA 110	ATTENDING MED) STAFF	DATE SIGNED 3 - 29-69
Page 4 may be retained by the hosp tall or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the State Dept. of Healt		22d. PHYSICIAN S NAME (Type) NAME	RCISO W. CAI	RMONA 220. ADDRESS SPENDE	Grove S. H	berp.
HOS ge 4 FUNE recto sould	23a	BURIAL, CREMATION, 23b.	DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 5 W			2-69 ANSHE	EMUNAH (AITZ CHAIM)	BALTIMORE, MARY	
VR A15 (4) 34 45M - 1 69		FUNERAL DIRECTOR OL LEVINSON & 1	BROS.,6010 REISTE	RSTOWN ROAD 250 RECD BY		S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03434 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1 DECEASED-NAME Middle 20 DATE KNOWN TOY (Type or Print). Conklin Sr. ESTI-Albert F. DEATH MATED 3 to Poge 6. AGE (In years IF LINDER 1 YEAR IF JINDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Puo P.M.3. 6/14/24 My byrthday) Year 1069 White Male MARRIED NEVER MARRIED 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Baltimore North Carolina U. S. A. WIDOWED [DIVORCED TH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working the even directed | INDUSTRY | Welder Bethlehem Steel Wells Road Edgemere 130 USLAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d. INSIDE CITY , MITS? 13e STREET AND NUMBER 13b COUNTY Baltimore 3005 Wells Road odm ssion) Marvland Edgemere in Item 1 01112 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Lost Middle Lost the Chief Medical Examiner's hours sabod 17 INFORMANT (WIIO) ADDRESS Edgemere. Md. pencil 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECLIFITY NO (Yes no, or unknown) Mrs. Ruth B. Conklin, 3005 Wells Rd. 241-28-9810 Fie APPROX MATE INTERVA within 1B. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and, (c). permit Shot Wound thru Lett PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Hemit! 12 GA-Conditions, if any, which gove rise to immediate couse (a). please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse <u>c</u> PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 S nsed 190. DATE OF OPERATION 20 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🗔 NO (210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Post 1 or Port 2, Item 18) 21b. TIME OF INJURY Month, Dov. Year 3 should PRIMARY TO OR CONTRIBUTING CAL EXAMINER: cremation, CALSE OF DEATH 21e PLACE OF INJUNY (At nome, form, street, foctory, office by Id. po. etc.) 21d INJURY OCCURRED 21ELOCATION Street or R F.D.CNo City or Town NOT WHILE FUNERAL DIRECTOR: P burial, 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection OC Inquiry X, and in my opinion Natural causes . Accident . Suicide [20], Hamicide death resulted from: Undetermined monner CHIEF MEDICAL EXAMINER 226. DATE SIGNED 3/4/69 ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER |X 6800 Mornington Rd. may Health NAME (Type) Melvin B. Davis M.D. ADDRESS(Street, city, town, or county) Dundalk. Md. 21222 50 230. BUR AL, CREMATION, REMOVAL (Specify) 3/6/69 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Oak Lawn Cemetery Baltimore, Maryland Burial 24 FUNERAL DIRECTOR John J. Duda. 7922 Wise Ave. Dundalk, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH

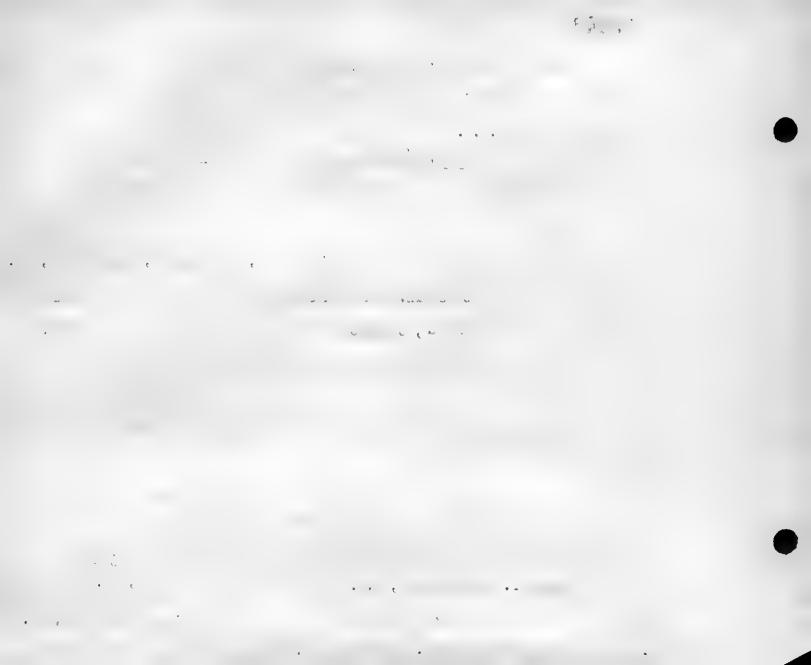


_ 4 _ 1		03442 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7	I	tem#?, FilmGh10 3/21/6 km CERTIFICATE OF DEATH 03436
death.		TEASED-NAME CHARLES A COOKSON 20 DATE OF DEATH 17 Day 69 YEAR Month 18 D
	3 SE	X MACE STATE OF BIRTH
4 hours	7o f	SIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? WIDOWED DESCRIPTION OF DEATH WIDOWED WIDOWED WIDOWED MARRIED NEVER MARR
within 24 in paper you within 72	10 6	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if represent industry) 12 USUAL OCCUPATION (Kind of work done during most of working life even if represent industry) 12 USUAL OCCUPATION (Kind of work done during most of working life even if represent industry)
and compared wire remove carbo	13a admi	USUAL RESIDENCE (Where deceased I ved) it institution Residence before 13c CITY OR TOWN 13d INSIDE CTY JM, 132 13e STREET AND NUMBER SSIGN) STATE ND 13 COUNTY - BALTIMORE YES NO 612 HYSON 57
and (cc	14 1	ATHERS NAME First Middle Cost IS MOTHERS MADEN NAME First Middle Squees
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and caractery filled in by the function director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I should be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 hour affactaenth	==	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	ਤ	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
PHYSI he hasp this cer etache etache	MEDI	21d NIJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State Of World of World
TENDING med by th OR: After t suld be do		22a I certify that (I) (this haspital) attended the deceased from 1969, and that in (my) (our) apinian death accurred an the date and haur and from the
DR: A Solid		causes stated abave, (1) (we) (aid) (did not) view the bady after death
RECTO		22b SIGNATURE ATTENDING DIRECTOR STAFF PHYS DIRECTOR PHYS
ITAL of may be tall of the page be filed		220 PHYSICIAN'S NAME (Type) Carl F 3 plo Sign. M. S. 220. ADDRESS JULY Kel Bell 2012
TO HOSPITAL Page 4 may TO FUNERAL (director, pag shauld be fill	230	ATTRIAL CREMATION , 23b DATE 23c NAME OF CEMETERY OR CREMATORY , 23d LOCAT ON (Cityzor Town) (County) (Stote)
10 Page 11 Pag	1	CREMOVAL Specify 3-20-69 Glew Haven Constant Men biennie, Att War
30M REV	24	FEMERALDIRECTOR PROJECT COUNTY OF THE TENNESS PROJECT BY REGISTRAR'S SIGNATURE OF THE MAR 18 1969

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18	119449	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		03437
	ASED-NAME First or print) WILLE	Middle AM ERNEST	Lost CORNISM	2a. DATE OF DEATH March Month 28Doy	1969° 3:05
3 SEX	Male	4 RACE Negro	S DATE OF BIRTH 8/18/01	6 AGE (in years 69th birthday)	IF UNDER I YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN
70 BIRT country		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BALTIMORE	
*	OR TOWN OF DEATH FORT HOWARD	11 NAME OF HOSPITATERY	ION HOSPITAL during m	AL OCCUPATION (Kind of work dane not be not	12b. KIND OF BUSINESS OR INDUSTRY
13a USO odm ssic	JAL RESIDENCE (Where decease on) STATE MARYLAN	d vest if institut on Residence before	CAMBRIDGE 13d INS DE SITY I	I'M IS? 130 STREET AND NUMBER ST	treet
14 FATE	First SAMUE L	Middle Last CORNIS	IS MOTHER'S MAIDEN NAME MART		JENN IF ER
16a W/ Yes,	AS DECEASED EVER IN U.S. ARMI	constates of special	no 17 informant 4 43 Clinical Reds,	Address VA Rospital, For	rt Howard, Md.
1B.	PART I. DEATH WAS CAUSED	E CAUSE (d) CONGESTIV) E HEART FAILURE		APPROXIMATE INTERVAL BETWIEN ONSET AND DEATH DAYS
mation, ar remo	nd.t.ans, if any which gave) e to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF (b) UREMIA C	HRONIC		YEARS
sto das		DUE TO, OR AS A CONSEQUENCE OF (c) ACTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION CIVES IN DADY 1/-	
t to l		ONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
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W	d INJURY OCCURRED 21e F	PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING ETC	TORY) 21f. LOCATION Street or R.F.D. No		County State
22	 I certify that (I) (this saw the deceased ali causes stated above, 	hospitol) ottended the decease ve an Mar 28 i (K (we) (did) (MAX) view the	ed from Mar 17 , 19 6 9 69, and that in (arr) (our) ap body ofter death	59 , to <u>Mar 28</u> , 19 inion death occurred on the do	te and hour and from the
	b. SIGNATURE MAO	than 8. Burta		MED STAFF DIRECTOR TO STAFF	3/29/69
/		V D. BARHANPURKAR		al, Fort Howard, 1	Md.
12	R AL, (REMAT ON, 23b Di	/1/69 Bethel	CEMETERY OR CREMATORY Cemetery	23d tOCATION (City or Town) Cambridge-Dore	(County) (State) chester, Md.
24 FUN	ERAL DIRECTOR	1 Mome Mich St C	ambrdige, Md. DATE PR	2 1969 256 REGISTRARS	Can Vindae.



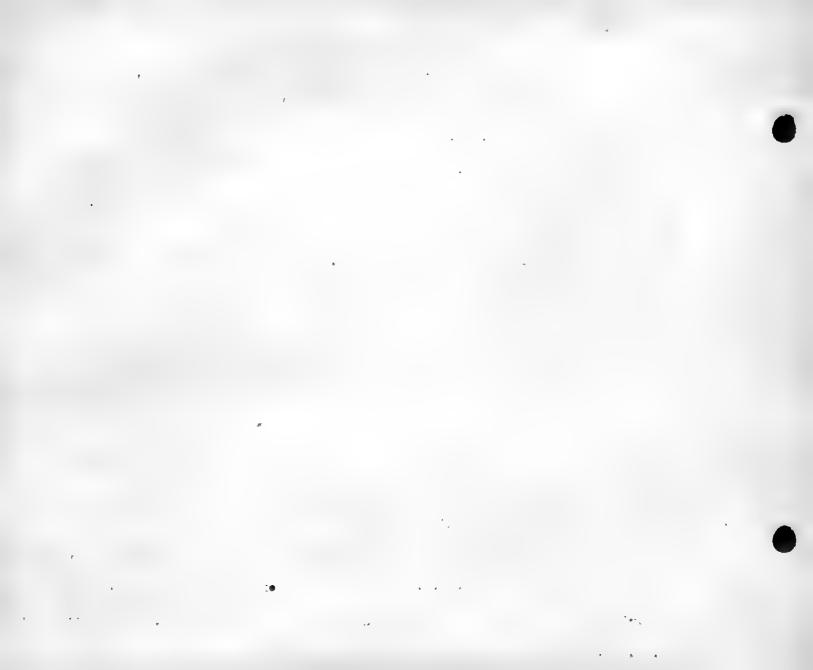


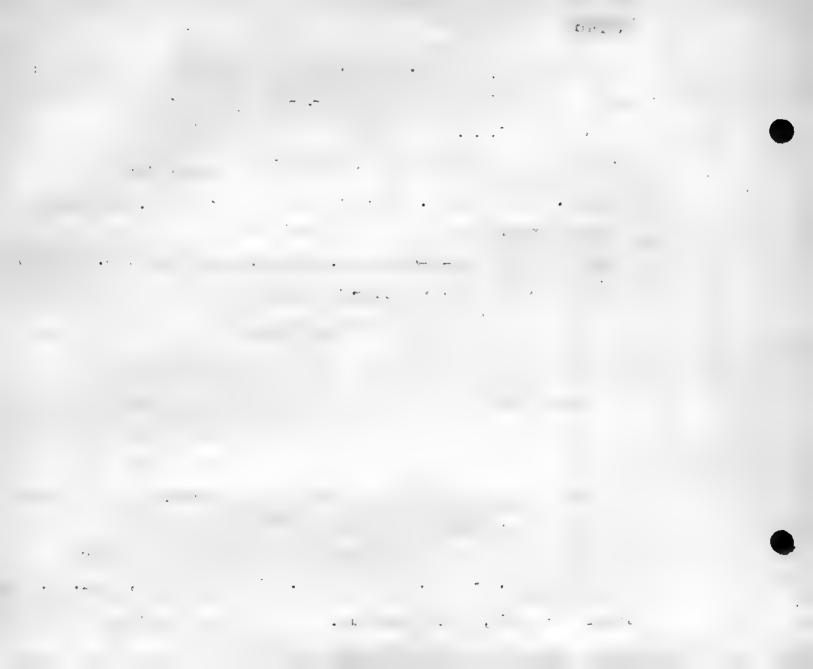
y 1	Ttems 18-20a Film 414 MARYLAND STATE DEPARTMENT OF HEALTH 17-25-69, pms Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	03439
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00403
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20. DATE KNOWN Manth Day OF ESTI- 25 DEATH MATED 3 25	
2, and 3 is Page PM3. Page	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (in yours 14 JNDER 1 YEAR 15 UNDER 24 HRS 2c DATE PRONOUNCED DEAD	Year 19 69 9:05
Depty	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) Baltimore: USA WIDOWED DIVORCED Balto.	Md.
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s after 18. Give a alang 2 with th	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN admission) STATE MD. 12b COUNTY Bed Balto. 96849 McClean B1	vd. (Parante
24 hours after death Tin Item 18. Give Pages is Office along with far estand 2 with the State us after death.	14. FATHER'S NAME First Middle Last Is MOTHER'S MAIDEN NAME First Middle Stephen Edward Dalcin Karen Denise Wilmeth	lost
d within 24 haurs at in pencitrin Item 18. Examines: Offfice at file pages tand 2 within 172 haurs after dea	160 WAS DECEASED EVER IN U. S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (18s., no) or unknown) (11 yes give throughout of service) None Family records	
INER: This certificate should be executed within 24 haurs after death certificate, writing the word "pending" in pencital than 18. Give Pages 1, should be farwarded to the Chief Medical Examiness of the along with farm files 3 should be used as a burial-transit permit. File pages tand 2 with the State Deation, ar remayal, and in any event within 72 haurs after death.	IB. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMICDIATE CAUSE (a) Death following intravenous injection	APPROXIMATE INTERVA. BETWEEN OMSET AND DEATH
ould ba executed ford "peading" in the Chief Medical Eal-transit permit. Fany event within	Conditions, if any, which gave rise to immediate cause (a). (b) of Conray - 400 (Sodium iothalamate) (b) of Conray - 400 (Sodium iothalamate)	
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his certificate afte, writing this e farwarded the be used as a bread and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. Date of Operation 19b. Condition for which Operation	OO AUTODOVO
his cel ate, w e farw be use	WAS PERFORMED?	20. AUTOPSY? YES NO
IER: The certification of the should be should be should be tion, or	PRIMARY OR CONTRIBUTING 2 HOUR A.M 3 25 1969 Therapeutic misadventure	
XAMINER: ute the certing ge 4 shauld yaur files Page 3 shoul cremation,	21d INLURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 21e PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) 21f LOCATION Street at R.F.D. No City of Town Ca Towson Balt	to Md.
bical Examiner: The execute the certification of th	22a 1 certify that I taak charge of the remains described above, held on Autopsy [X]X inspection [], Inquiry [], death resulted 1/9m Hatural causes [], Accident [X], Suicide [], Hamicide [], Undetermined manner []	and in my apinian
plecar refoli refoli rior to	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNI	
TO DEPUTY FILESSORY, p the funeral 5 may be r TO FUNERAL Health prior	EXAMINER'S NAME (Type) Edward F. Wilson, M.D. DEPUTY MEDICAL EXAMINER	/69
0 5 ± 2 0 ±	230 BJRIAL CREMATION, REMOVAL (Specify) Mar. 27, 1969 Druid Ridge Cemetery Pikesville, Md.	
VR A15ME (5)	John Burns' Sons, Towson, Maryland DAMAR 28 1969 250. RECO BY REG STRAR DAMAR 28 1969	

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give street address)	G.B.M.C.	ist of working life, even if retired.)	INDUSTRY
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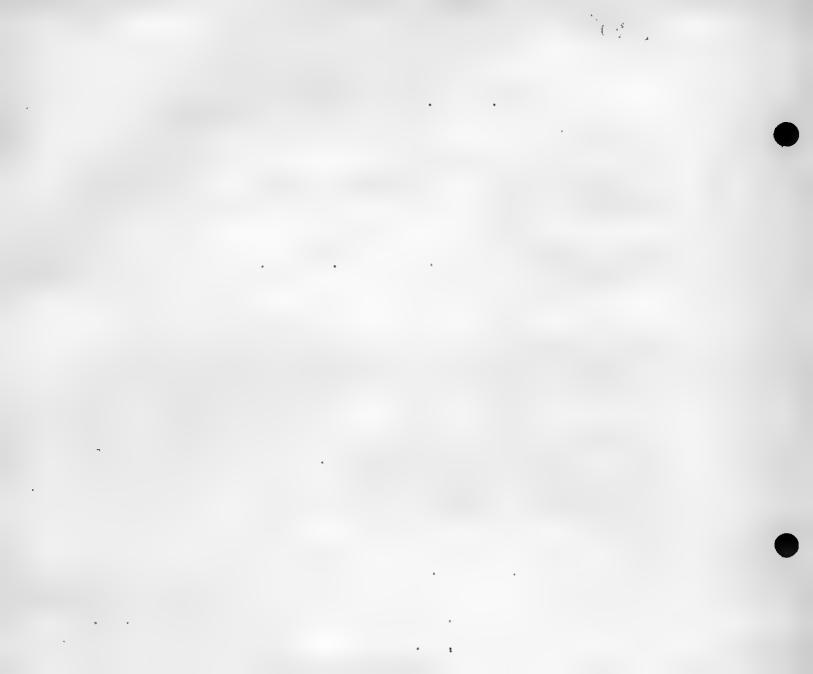






DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03444 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Manth Year 26 HOUR (Type or Print) EST iny delay is 2, and 3 to PM3. Page artment of 19 MARCET. VELEZ DEATH MATED DE. 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD last birthday) HOURS Sept. 1,1899. 2 Doy Year 1969 69 YRS ma1e white 7o. BIRTHPLACE (State or fore an 75 CITIZEN OF WHAT COUNTRY? MARRIED KINEVER MARRIED 9. COUNTY OF DEATH xaminer's Office along with form State De California USA WIDOWED DIVORCED [* Baltimore in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retured.) INDUSTRY RACIO Officer (Merchant Marine) Greater Balto Med Center Towson 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 3d INSIDE CITY LIM TS? 13e. STREET AND NUMBER Dunkirk 13b CRUNT timore Marwha and Coversx YES NO X 610 Doochick Road This certificate should be executed within 24 hours cate, writing the word "pending" in pencil in Item 18 land 2 after 14 FATHER'S NAME Middle First Lost IS MOTHER'S MAIDEN NAME First M ddle Enst Unknown Unknown hours poges 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes no or unknown) (If her dim hat debates at service) Unk. Mrs. Effie A. DeVelez (Sa me) APPROX MATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c),) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY. Subdural Hemorrhage IMMEDIATE CAUSE (a) the certificate, writing the word "pendin 4 should be forwarded to the Chief Med event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gave rise to immediate cause (a), in ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Б 90 CERTIFICATION nseq 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO T pe 0 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should attempted to hang himself - rope broke and he fell downstairs PRIMARY KI OR CONTRIBUTING HOUR AME cremotion, **EXAMINER:** 5:00 PM 3/20/ 19 69 CAUSE OF DEATH Subi. 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. County City or Town Stote factory, affice building, etc.) WHILE AT WORK AT WORK Baltimore, Md. the funeral director. Page home 22a. I certify that I taak charge of the remains described above, held an Autopsy X Inspection Inquiry [and in my apin an Accident X Suicide death resulted fram: Natural causes Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE 3/25/69 Werner U. Spitz DEPUTY MEDICAL EXAMINER 5 moy 10 FUNE Health moy **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 23a BURIA., CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL Greenmount Crematory Baltimore. 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH





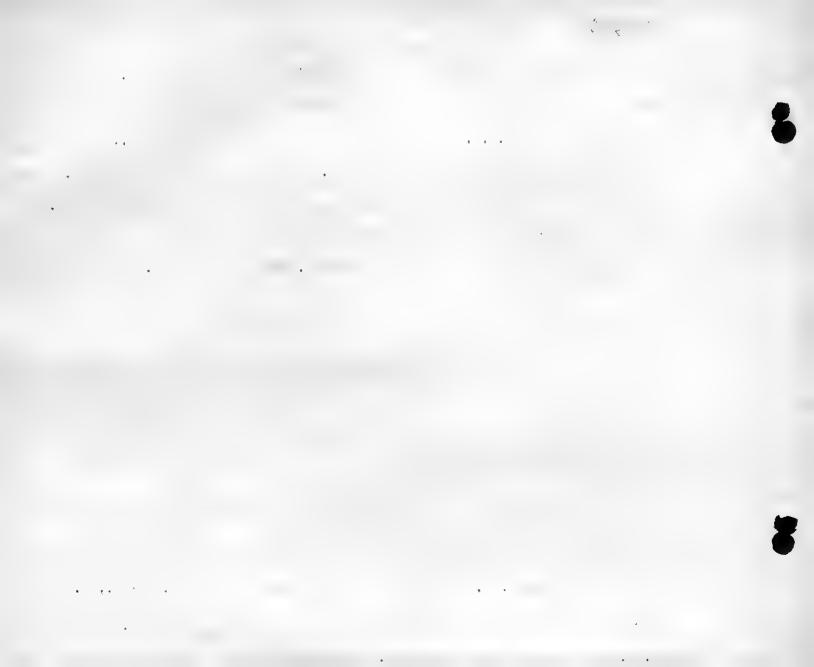
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TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, page 3 shauld be should be filed with the State		40- DUD AL CDERVISOR			OF CEMETERY OR CREMATORY			(5	
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VR A15	MI.	24 FUNERAL D RECTOR H.W.Jenk	ins & So	ns Co. 4905	York Rd.				
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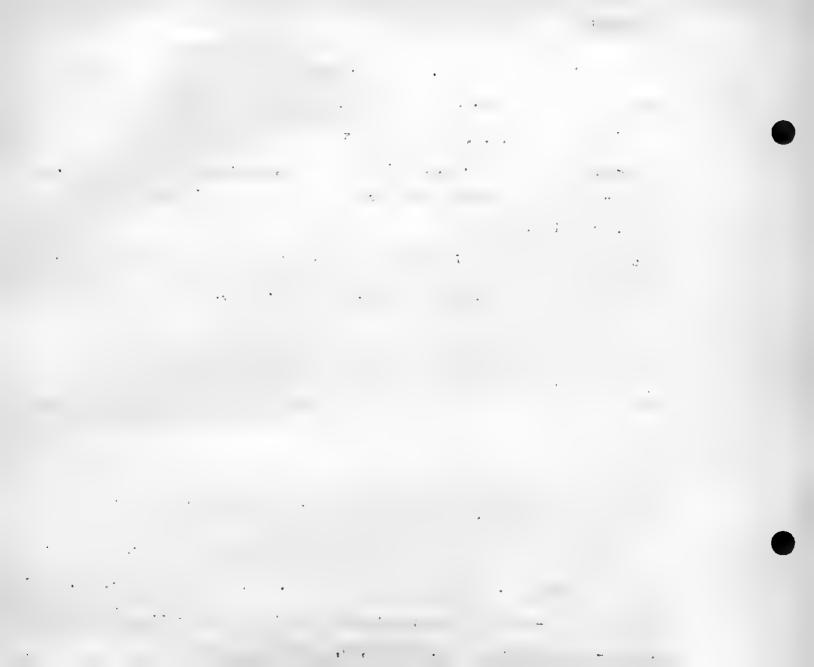
H H	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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	Edward B. Drexel Maude M. Harvey
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# 7 9	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AJTOPSY? YES NO 210 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING HOURA M. 211 HOURA M. 212 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Items 18) 213 INJURY OCCURRED (21e P. ACF OF INJURY Manth, Day, Year) 214 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 215 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 216 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 217 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 218 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 219 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 210 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 210 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 211 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 212 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 213 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 214 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 215 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 216 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 217 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 218 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 219 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 210 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 211 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 212 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 213 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 214 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 215 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 216 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 217 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 218 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 219 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 210 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 211 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 212 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 213 INJURY OCCURRED (21e P. ACF OF INJURY MANTH) P.M. 214 INJURY OCCURRED (21e P. ACF
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please to please to by	ACTUAL CHIEF MEDICAL EXAM-NER
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necessary, please the funeral direct 5 may be retained FUNERAL DIRECT Health priar to	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAM NER ADDRESS (Street, city, town, ar county) 7527 Policy Rd 212
10 10 10 10 10 10 10 10 10 10 10 10 10 1	230 BURIAL, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	REMOVAL Great 3/24/69. Gardens of Faith Cemetery Baltimore, Md.
20	24. FUNERAL DIRECTOR ADDRESS 2SO REC D BY REGISTRAR 2SD REGISTRAR S SIGNATURE
VR A15ME (5 10M REV. 1/68	Leonard J. Ruck, Inc. Balto.Md. 21214 DATMAR 2 0 1969 gCharles Judge.



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errificate be physicials en please aval, and r	16a.	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b SOCIAL SECURITY		Villi	Address		
hysi al,	L N	s, no, ar unknown) (15 yes give w	or ar dates of ser	Arce)	James A.	GENe 61	Piper Rd. 21	126	
G P P May		18 CALISE OF DEATH (Enter on	v čina rnikce	per line for (a) (b) and (c)		GEGG CIA	A THE INC. 21		MATE INTERVA.
at the death cer the attending p ssir permit. The matian, arrema	ш	PART I DEATH WAS CAUSED	BY.	an.		In la		BETWEEN ON	SET AND DEATH
de ifter II, a	ш	410 (1 MMEDIA	TE CAUSE (o	/	·	A Marie	and the same of th	المادر	delen
the or the true or the true or the or true or	Ш	Conditions, if any which gave)		D, OR AS A CONSEQUENCE OF	a ates	0. +	Tun	1111	0 . L .
hat n. y. th ansi	П	nse ta immediate couse (a),	DIE TO), OR AS A CONSEQUENCE OF	e www.	- Cello-ce		17	LOU
icia tida bida bida bida bida bida bida bida b		stating the underlying couse ast.	(1						
equires that the physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CON			T DELATED TO THE TEDANINAL	DISCASE OF COMPUT	ON CHIEN IN DARK 1/2)		
rec n s n s n s o p				The second secon	N KELAILD TO THE TERMINAL	DISEASE OR CONSTI	ON OTHER IN PART ((d)		
law ndir bee ths th		9a DATE OF OPERATION 19b (ONDITION F	OR WHICH OPERATION WAS PE	REORMED 200 AUTOP	CV2	206 IF YES, WERE FINDINGS C	ONCIDENED IN CE	OTICVING
y programme x	CERTIFICATION				YES	NO [T]	CAUSES OF DEATH?	ONDIOEKED IN CE	KTELLEUNG
R ATTENDING PHYSICIAN: The law requires that the death certificate retained by the haspital ar attending physician. ECTOR: After this certificate has been signed by the attending physician 3 snauld be detached far use as the burial-transit permit. Then please with the State Dept. af Health priar ta burial, crematian, ar remaval, and		ta. ACCIDENT WAS UNDERLYING	3 216 7	IME OF INJURY			a of injury in Part 1 or Port 2,	thom . Q h	
fer file	릥	OR CONTRIBUTING CAUSE OF GEATH	HOUR	A.M. Manth Day Year		KKED TEINER HOIGH	out inforty in run (of run 2,	1911 (0.)	
rsi aspl cert bed bed		If either, natify medical examin 21d. INJURY OCCURRED 21e.	PLACE OF IN	P.M. 19		a- RED Na	Character T		
PH' e h his etac Dep	1	While Nat while	LINE OF THE	OFFICE BUILDING, ETC	TORY.) 21f LOCATION Street	OI KT.D ING	City or Tawn	Caunty	State
NG Y th		22a. I certify that (1) (##		attended the decore	d frame (C) Cd	10 6 8	to Magazilia 10	/ G (lon)	10 () (
d by 1 After d be d be e Stat		saw the deceased at	Wa an	MULLIUM COLUMN	9 (- Y and that in (my)	(max) opinion (deoth occurred on the do	te and hour a	(I) (WE) last
OS:	lL	couses stated abave,	(i) (see)	(did not) view the	oody after death.	(Carponitor)	soom occurred on the do	ie one noor u	nu nom me
E ST	[226 SIGNATURE) ±	-1.0	EAD ATTENDING			DATE SIGNED /	,
OR DIR		OZER	~ [,	Willia	DEGREE PHYS	MED DIRECTOR	B B STAFF B 3	1121	69.
AL AL		PHYSICIAN S NAME (Type)			22e ADDRE				
VER OF	<u> </u>		V 7000	F. LiPira	8400	Loch Ray	ren Blvd. Balt	o., Md. 2	21204
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, creating the state of the state o	23a .	BURIAL (REMATION, 23b D	ATE	23c NAME OF	EMETERY OR CREMATORY	23d	LOCATION (City or Town)	(Caunty)	(State)
5 5 5 2 W	F		-13-69	Loudon	Park Cem		Baltimore.	Marylar	nd
VR ATS (Ay	24 F	JNERAL DIRECTOR		ADDRESS	2	So NEA DBY REGI	TRAPOSO 256 LEEGISTRARY	(Latil)	Æ
45M 1/69	Wn	E. Johnson	3521 I	och Raven Bl		DATE	//	7, "	



			w w b					DEPARTME						
-	- 1	П	03455	D	IVISION OF	VITAL RECORDS,				NORE, MARY	LAND 21201	1	0344	9
1		L					ERTIFI	CATE OF D	EATH					
	off.		Type or orint)	First		Middle		Last		2a. DATE OF DE	ATH Month	Dov	Yeor.	2b. HOUR
	r deoth unerol If ond 2 er death		NA	N		R.	DI	J BRUL			larch	15	1 969	10:34M
	E 25 E	3. 5			4 RACE			S. DATE OF BIRTI		6	. AGE (In years last birthday)			HOURS M.N.
		_	emale			asian		3-13-18			,	RS.		
	0 27	7o	BIRTHPLACE (Stote or foreign ntry) Kentucky	7b	. CITIZEN OF WI	IAT COUNTRY?		NEVER MARRIE	EO .	COUNTY OF D				
	24 id	\perp	Roncadin		U.S.A		WIDOWED			Balt				Md
	filled filled this 7	10.	CITY OR TOWN OF DEATH		dive t	AME OF HOSPITAL OR IN Street address)	•	nat in haspital	during mas	OCCUPATION (K	ind af wark do e. even if retire	ne d.ì	12b. KIND OF BU	JSINESS OR
		1	Towson		162	20 Lake D	rive		Prac	tof working life	lurse		Nursin	g
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the hospital or ottending physicion. The certificate has been signed by the ottending physicion and completely filled the base is the law of the ottending physicion and completely filled the base is the law of the ottending permit. Then please remove carban rapes after death Dept. of Health prior to burial, cremotion, or removal, and in any event, within 71 hours after death		USUAL RESIDENCE (Where de nission) STATE Maryland	reased	13b COUNT	altimore	Town		I INSIDE CITY LIMIT	13e STREE	TAND NUMBER)ri:	/e	
	xect	14	FATHER'S NAME First		Middle	Lost		S MOTHER'S MAID	IEN NAME Firs	d	Middle			Lost
	and and in on		William T	homa				Marga	aret J	ohnston	***************************************			7031
	ate cion ease ond	160	. WAS DECEASED EVER IN U.S.	ARMED	FORCES?	16b. SOCIAL SECURITY	NO 17.	INFORMANT		A # 1	Address	2	363	21.204
	physicion ten please oval, and i		Yes, no or unknown) (If yes	diam mot o	dates of service)	270-30-32	89	Paul Bil	ger 62	U Lake	Drive,	TOW		
	of the death cer the ottending parity in the motion, or remo		18 CAUSE OF DEATH (Ente	er anly	ne cause per lu	ne far (a), (b), ond,(c)) 2	A- 1/2	2 4 1				APPROXIMA BETWEEN ONS	TE INTERVAL ET ANO CEATH
	eath mit. or r		PART I. DEATH WAS CA	VEDIALE	CAUSE (a)	nerwa	elipo	ly 14lb	4-1-	mounds	e		10ty	18945
	oth on,		4/33		DUE TO, OR A	S A CONSEQUENCE OF								
A	± = ± ± ± ± ±		Conditions, if any, which grise to immediate cause		(b)									
(*)	등 호 호 하		stating the underlying co		DUE TO, OR /	S A CONSEQUENCE OF								
1	ysici ysici ned nat-		lost.		(c)									
	equires physicic signed Inrial-h		PART 2 OTHER SIGNIFICANT	CONDII	IONS CONTRIBU	TING TO DEATH BUT N	OT RELATED 1	O THE TERMINAL D	DISEASE OR COI	NDITION GIVEN I	N PART 1(a)			
	ding ding the	ĕ ĕ	0-05/n1	10) (0)	5 , 4 :	S いかんならり ICH OPERATION WAS PE	715	>Tomo	TIT	/)	S, WERE FINDIN	MOD 20	CIDEDED IN CED	TIEVING
	I: The law re or ottending te hos been s use IIs the I otth prior to b	CERTIFICATION	19a. DATE OF OPERATION	IYB. CU	NUTTON FOR WH	ICH OPEKATION WAS PE	KFUKMED	20a. AUTOPS		CAUSES O		53 CON	ISIDEKED IN CER	HITTING
	r Th	E	21a. ACCIDENT WAS UNDER	IVING	216 TIME OF	NIIIDV	21, 1	10W INJURY OCCUR	NO PER /Enter	natura of miuru	in Port 1 or Por	1.2 Ito	m 191	
	IAN first for for		OR CONTRIBUTING CAUSE D	F DEATH	HOUR A.M.	Month Day Year		IOW INJUNI OCCUP	WED (FILISE)	nordie or injury	iii ruii i di i di	1 2, 1101	111 70.7	
	ospi certi hed it. o	MEDICAL	(If either, natify medical e) 21d. INJURY OCCURRED			AT HOME, FARM STREEY, FA OFFICE BUILDING, ETC.		OCATION Street of	or R.F.D. No.	City or	Town		County	Stote
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use ■s the ■urnat-transhould be filed with the State Dept. of Health prior to burial, cre-	1	While Not while at wark			OFFICE BUILDING, ETC.	/						,	
	ING yy ff ter to te to te		22o. I certify that (I) saw the decease	(this	h ospital) ott	ended the deceos	ed from	JUNE		9, to 100	r.15,	19 <u>.6</u>	4, that (i) (we) lost
	ed bed bed bed bed be S		saw the decease	d aliv	e an //	(did not) view the	9 <u>657</u> , or	nd thot in (my) Ideath	(our) opini	ian death oc	curred on the	dote	ond hour a	nd from the
	To de the training of the trai		22b. SIGNATURE	, ove, ((he/ \	(did not) view me	Dody one	dediii.				22c. DA	TE SIGNED	
	OR J		Mari	j Bottom	ESH	Gun Ma	DEG	REE PHYS.	MEI DIR	D RECTOR		men		1969
	AL (22d. PHYSICIAN'S					22e. ADDRE	SS				/	07 00k
	SPIT 4 m 4 m d be	L	NAME (Type) Ch.	rle	s E. S	haw		607	W. Jor	opa Roa	d, Tow	son	, Ma.	21204
	FUN FUN	230	. BURIAL, CREMATION,	23b. DA	E	23c. NAME OF			1	23d. LOCATION			(County)	(Stote)
	5 5 5 5 4	L	REMOVAL (Specify) BuriaL	3-	17-69_			ley Memo			sville		Maryla	ınd
	VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR			ADDRESS		2	So RICE BY	REGISTRAS 69	25b REGISTR	AR SPI	GNATURE	2
	30M REV. 1/68	Wr	n. Cook-Broo	ks	Towson	, Inc. To	wson,	M.C.	DATE					



- 1					STATE DEPARTMENT					
		03456	DIVISION OF VITAL		W. PRESTON STREET,		, MARYLAND 21		0.1	
					RTIFICATE OF DEA			U	3450	1
;		EASED-NAME First	, ,	Middle	lost /		DATE OF DEATH Manth	Doy	Yeor	2b HOUR
	2 (0)	1.127			elik'e bb		110 -1		1/4/	1 1
	3 SEX	,	4 RACE (co Co	eed	S DATE OF BIRTH	4-189	6 AGE (In ye		UNDER YEAR NIHS DAYS	HOURS MIN
	7a Bi count	RTHPLACE (State or foreign	76 CITIZEN OF WHAT COUL		MARRIED NEVER MARRIED DIVORCED	9 COUI	NTY OF DEATH	, 7		M
1	ID. CI	Y OR TOWN OF DEATH	11 NAME OF H		TION (If not in haspital 12	o USUAL OCCU	PATION (Kind of world rorking life, even if re	c done	126 KIND OF BI	USINESS OR
	13a L admis	SUAL RESIDENCE (Where decease ston) STATE	d ved if institution Resi	dence before 13c	CITY OR TOWN 13d HIS	IDE CITY LIM TS?	13e STREET AND NUM	BER		
L	14 FA	THER'S NAME FIRST	Middle A	Last	15 MOTHER S MAIDEN I	NAME First		iodle		Last
	16a \ Ye	NAS DÉCEASED EVER IN U.S. ARMI	ED FORCES? 16b SO	CIAL SECURITY NO	17 INFORMANT	. 2	, -2 . 1. Ad	diess	i (.	
		8 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	BY. C. 1	~ /	***				APPROXIMA OFTWEEN ONS	ATE INTERVAL SET AND DEATH
		IMMEDIA:	TE CAUSE (o) DUE TO, OR AS A CON	course of	/-					
		Conditions, if any, which gave	1,	de at	he it	<i>j</i> .				
	1	rise to immediate couse (a), (a), (a)	(b). OR AS A CON			/				
		ast and the anderlying cause	10 (67	le cora.	(L = 2)	1 4 2 66	li est			
		PART 2 OTHER SIGNIFICANT CONF	DITIONS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TERMINAL DISEA	ASE OR CONDITIO	N GIVEN IN PART 1(a)			
	22	if. 11	100.	- 1/00	etyla de.	KAZ.				
2	CERTIFICATION	90. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPER	ATION WAS PERFOR	MED 2Da. AUTOPSY? YES	но 🗔	20b. IF YES, WERE FIN CAUSES OF DEATH?	IDINĠS (ÖNSI	DERED IN CER	RTIFYING
		To ACCIDENT WAS UNDERLYING		D 1	21c HOW INJURY OCCURRED	(Enter nature	of injury in Port 1 or	Port 2, Item	18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH If either, natify medical exomine	HOUR A.M. Month	Day Year 19						
ı			PLACE OF INJURY (AT HOME OFFICE BI	EARM STREET, EACTORY JILDING ETC	21f LOCATION Street or R	FD Na	City ar Town	((aunty	State
	2	2a. I certify that (!) (this	hospital) attended	he deceased f	rom 1/2 2 2 2 2 2 1		10/11- wh	196.	, that ((I) (we) las
ı		saw the deceased al-	ve an	19/-	/ and that in (my) (ni	ur) apinion d	eath accurred on	the date o	and haur a	nd fram th
ı	7	causes stated above,	(1) (we) (aid) (aid na	t) view the bad	y after death.			T 00: 0475	E CHED	
	ľ	El-rec	filler		DEGREE PHYS	MED DIRECTOR	STAFF PHYS.	22c. DATE	S GNED	1,
	2	2d PHYSICIANS NAME (Type) & 12/2	10 A 14.64	16.5	22e ADDRESS	, Er	1 - 1 - 6/2	le ofre le		
	23a	BURIAL, CREMATION , 236 D.	ATE 2	3c. NAME OF CEME	TERY OR CREMATORY	23d	LOCATION (City or Tow	m) (C	County)	(State)
1			12/69		y Memorial 1	Park	Marylan	ıđ		
)	24 \$4	INERECTOR LE LE	D. Gyper	V-ADDRES	Fel 77 & 250 1	MAR TO	1969 35b REG	STRARS SIGN	LATURE, LESS.	-33 .
	1	2 1 1 1 1 1 1 1 1 1 1 1	~ / F-V / / /	riil K 11V2	TIN A TILEY DATE		- "			

1		D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTH		
03457		ERTIFICATE OF DEATH		03451
	First M. ddle	Lost	20. DATE OF DEATH	26 HOUR
(Type or print)	ank Michael	Dull	Month Doy	69 . 5.47M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	8-29-1889	79 YRS	WORLD DATE WOOKS WORLD
70 BIRTHPLACE (Stote or foreign country) Maryland	U.S.A.	WIDOWED DIVORCED	COUNTY OF DEATH Baltimore,	Ma
Towson	II NAME OF HOSPITAL OR #\S give street oddress) St. Joseph	Hospital during mo	OCCUPATION (Kind of work dane it of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
130 JSUAL RESIDENCE (Where de odmission) STATE	eceased lived, if institution. Residence before			
Maryland	Baltimore	Parkville YES NO.	70 4000 01101100	koad-21234
14 FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME Fir		Lost
160. WAS DECEASED EVER IN U.S.	chael Dul: ARMED FORCES? 166 SOCIAL SECURITY N		izabeth	Junker
	give war at dates at service] 212-10-6		ong 1600 Orlando	
18. CAUSE OF DEATH (Ente	er only one cause per line for (a), (b), and (c).)			APPROXIMATE MERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CA	MEDIATE CAUSE (a) Cerebr	al Thrombosis		
4/04	DUE TO, OR AS A CONSEQUENCE OF			
Canditions, if any/which go nse to immediate couse	a). (b) 111 001 101	otic-cardiovascular	disease	
stating the underlying ca	DUE TO, OR AS A CONSEQUENCE OF			
DADE 2 OTHER C CHIEFSAME	CONDITIONS CONTRIBUTING TO DEATH BUT NO	AT DE ATER TO THE TERMINAL DISCASS OR CO	ADDITION ON STATE AND ADDITION	
FART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NO	DE RECUEED TO THE TERMINAL DISEASE OR CO	NUTTION SIVEN IN PAKT I(a)	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDER	19b. CONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS CO	NCIDERED IN CERTIFYING
2 5		YES NO 🔀	CAUSES OF DEATH?	TO SERVED IN CERT TITLE
E 210 ACCIDENT WAS UNDER			noture of injury in Part 1 or Part 2, 15	em 18)
G CONTRIBUTING CAUSE OF				
	17	ORY) 2 f LOCATION Street or RFD No.	City or Town	County State
22o. I certify that (I)	(this haspital) attended the decease	d from 2/14/ , 1969		69_, that (I) (we) last
saw the decease	d alive on 3/15/	Py , and that in (my) (our) apin	ion deoth occurred on the dat	e ond hour ond from the
22b SIGNATURE	ove, (I) (we) (did) (did not) yiew the b	pody after death.	1 00 - P	ATE CICNED
ZZD SIGHMIGKE	onis 14. le tra	DEGREE PHYS DIE	ECTOR STAFF 3-1	ATE SIGNED 6–69
22d PHYS CIAN'S	- 14-04-0	22e ADDRESS		
NAME (Type) Ar	ntonio deLeon M.D.	7620 York	Rd., Towson, Ed	. 21204
230 BURIAL, CREMATION, 2		EMETERY OR CREMATORY	23d LOCATION (City or Town) Parkville	(Caunty) (State)
REMOVAL (Specify) Burial	3-20-1969 Park	wood Cemetery	Parkville !	Balto. Md.
24 FUNERAL DIRECTOR Fune	ral Home 7401 Belair	Road 21236 250, RECO BY		IGNATURE Car Quelon



1 1		DIVISION OF V	MAKYLAND STATE DEPA ITAL RECORDS, 301 W. PRESTO		AND 21201	
FOR STATE		11 3 // 3 8	MEDICAL EXAMINER'S C			3452
HEALTH DEPT.		CEASED NAME First	Middle	Lost	20 DATE KNOWNIZE Month [Day Year 2b HOUR
of of	1	ype or Print) Blanche	Louise	Durham	OF ESTI- DEATH MATED [] Many	122 1969 5:3 AM
alay d 3 Po Po	3 SI	X 4. RACE S DA	ATE OF BIRTH 6 AGE (In years lost birthday)	IF UNDER & YEAR F JINDER 24 HRS MONTHS DAYS HOURS MIN	2c DATE PRONOUNCED DEAD	2d HOUR
any delay 15 2, and 3 to PM3 Poge partment of	Fe	male White Ju	ne 11,1895 73 YRS		March Day 22	Year 19 69 M
any delay 1, 2, and 3 m PM3 Po Dèpartment	7o l	nd Deve			NIY OF DEATH	
Poges inh form		Washington, U.		OWED TO DIVORCED Be 1	timore	Md
after death 8. Give Poges olong with for w.th the Sigre eath		TY OR TOWN OF DEATH	give street address)	N (if not in hasptol Mal 120 USUAL OCC Rd. Baltio. during most of Retir	wasking I fe, even if retired)	2b KIND OF BUSINESS OR NOUSTRY Bendix Corp.
after de 8. Give F olong wi w.th thjé eath	120	Baltimore 7	of nettition Recidence before 13c CITY	CORTOVIT MA 3d INSIDE CITY LIM TS?	13e. STREET AND NUMBER	Bendix Corp.
ok. w.	0	missian) STATE Ma. 13b C		ltimore YES NO X	3508 Sedgemoor	Rd.
hours a Office of I and 2 w after de	_	ATHER'S NAME First	Midd e Last	15. MOTHER'S MAIDEN NAME First	Middle	last
24 h in the ris O ris O		Edgar O. Dix		Ella		Minis
hin 24 ncil in niner's pages hours	16a. (Y	VAS DECEASED EVER IN U.S. ARMED FORCES?	al accord	17. INFORMANT		imore 7,Md.
within pencil xamine ye pagi		n None	218-01-4048	Mr. Frederick L.	Miller,3508 Sed	gemoor Rd.
ding in Activities and Activities an		18 CAUSE OF DEATH (Enter only one co PART 1 DEATH WAS CAUSED BY	iuse per ne for (a), (b), and (c))	atternal 1	n line h	OETWEEN ONSET AND DEATH
ding		IMMEDIATE CAUSE	•	all repert	e Carbin his fly	of enfor.
pen of M		Canditions, if any, which gave	JE TO, OR AS A CONSEQUENCE OF			
Chie		rise ta immediate cause (a), ((b) UE TO, OR AS A CONSEQUENCE OF			
INER: This certificate should be executed within 24 hours e certificate, writing the ward "pending in pencil in Item 1 should be forwarded to the Chief Medical Examiner's Office files 3 should be used as a buriol-transit permit. The pages land 2 intian, or removal, and in any event within 72 hours after d		stating the underlying cause \ last.	(1)			
the same of the day of the land individual i		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTR BUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)	<u>'</u>
ifica ting irde as al, o	NO		Carrenania	of Osreach	>	
This certificate ficate, writing the be forwarded to do be used as a bor removal, and	F CAT 0	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OP WAS PERFORMED?	ERATION		20 AUTOPSY?
This icate, be for the formula for the	CERT F	OI CALLET HIS		AL COMPANIES OF TRACE		YES NO
vertifice certifice hould be the should to the should the trian, or think or the trian, or the trian	N N	PRIMARY OR CONTRIBUTING	HOUR A.M.	21c HOW INJURY OCCURRED (Enter natur	e at injury in Part 1 or Part 2, Her	n 18)
INER e cer shou files 3 sho otiar	MEDICAL	CAUSE OF DEATH 21d, INJURY OCCURRED 21e, PLACE OF	P.M. 19 INJURY (At home, form, street,	21f. LOCATION Street or R.F.D. No.	City or Town	County State
₹ 4 + 9 E			ice building, etc.)		2.7	,,
AL EXA execute or. Page of you for you uriol, cre			orge of the remoins described abov	e, held an Autopsy . Inst	pertion Z Inquiry A	and in my opinian
FCAL to exect tor. Per for CTOR:		death resulted from Natu		Suicide , Homicide .	Undetermined monner	, ,
please et l'alicetor retoined . DIRECTO		11(1/1)	1 Charles	CHIEF MEDICAL EXAMINE	R 🗆	
		ACTUAL SIGNATURE	son /// / az	M.D. ASSISTANT MEDICAL EXAM	WINER 225. DATE SI	GNED 100 1910.
DEPUTY ressory, p e funeral may be r FUNERAL		EXAMINER'S		DEPUTY MED CAL EXAMIN		ref 22,/167
TO DEPUTY necessory, in the funeral 5 may be r TO FUNERAL Health price		NAME (Type)	On state of crassessi	ADDRESS(Street, city, tav		(
51 = + 20 E	230	BURIAL, CREMATION, REMOVAL (Specify) Burial March	25,1969 Lorraine P		, , , , , , , , , , , , , , , , , , , ,	(Stote)
7.0	24.	FUNERAL DIRECTORY	11 1 ABORESS	AT K COME COLY		
VR A15ME (5)	9	Frank H. 110.	well Mit south	68 MIL DATEMAK 2	D 1202 Krows	as Junda
100	7	7.00				



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1	- (3459		DIAIZION (OF VITA			ESTON STRI ATE OF I		DRE, MARYLAND	21201	004=	
, l	DEC	EASED NAME	First			M ddle	CERTIFIC	LOST		20 DATE OF DEATH		03453	105 (40)(0.5
outs offer deoth.		o ar nemil	CHARLE	S	AN	DREW	ET 1	LENB URG		March	h 20	1969	2b. HOUR A 9:10 M
3	SEX		0,2,11,12	4 RACE	4321	10 200-11		S DATE OF BIR		6 AGE (# UNDER 24 HRS
		Male		Whit	e			4/4	/97	last bir	thday) YRS	MONTHS DAYS	HOURS MIN
		RTHPLACE (State or f	oreign 7	b CITIZEN OF	WHAT CO	DUNTRY?	8 MARRIED	NEVER MARR		COUNTY OF DEATH			
		ORGIA		U.S.A		-	MIDOWED	DIVORC	ED B	ALTIMORE			Md
4	F	Y OR TOWN OF DEAT PRT HOWARI)	X	Kame H	FHOSPITAL OPUL pddress) LISUTALI	on Hos	pital	during TEST	CCUPAT ON (Kind of working life, even	work dane firelited)	12b. KIND OF B	USINESS OR
0	30 J dmiss	SUAL RESIDENCE (WHIO) STATE MARY	ere deceased	lived, finst	Hutian R Y	es dence before	13c CITY OR BALTTM		YES NO			ON AVENT	DE
1	4. FA		rst	Middle		Last		MOTHER'S MAI	DEN NAME First		M dd+e		Last
L	4- **		SOME	0 F0B(*-2		LENBURG			ELIZ	ABETH		REED	
	Yes	AS DECEASED EVER I	MM -	ar dates of service)	21	3 20 55	00 C:	FORMANT Linical	Reds V	A Hospital	Address L, For		
UTATURT TU	1	B. CAUSE OF DEATH PART I, DEATH V	l (Enter anly VAS CAUSED I	one couse pe	r line for	(a) (b) and (c).	DDIE 10	NE me	TD / ONT /			BETWEEN ONS	ATF INTERVA. SET AND DEATH
		11		CAUSE (a)		IGHT MI	ים שבענט	DE PRE	UMUNIA			24 hrs	•
۱ ا	(anditions, if any, w	hich gave)		OK AS A C	ONSEQUENCE OF BSTRUCT	IVE PIII	MONARY	EMPHYSE	ξma		Years	
		ise to immediate c toting the underlyi		(b) FATIO , 0		ONSEQUENCE OF						10018	
		ost)	{c}_		COR-PUL	MONALE					Year	8
		PART 2 OTHER SIGNI	FICANT COND	THONS CONTRI	IBUTING 1	TO DEATH BUT N	OF RELATED TO	THE TERMINAL	DISEASE OR COND	DITION GIVEN IN PART	1(a)		
	NOLL	O DATE OF OPERATION	N 196 CO	NDITION FOR	WHICH OP	PERATION WAS PE	REORMED	20a AUTOP	SY?	20h JE YES WERE	FINDINGS C	ONS DERED IN CER	RTIFYING
1	CERTHICATION							YES 🗀	No [¾	CAUSES OF DEATH			
	- 1-	OR CONTRIBUTING		21b TIME HOUR A.		RY nth Day Year	21c HO			ture of injury in Part	ar Port 2,	Item 1B.)	
	ě	f either, natify med	ical examine	r) P.J	M	15							
	1	Nhile Mat while wark at work		LACE OF INJUR		ME FARM, SYRFET FAC BUILDING ETC		ATION Street		City or Town		County	State
	2	20. I certify the	o t (1) (this cease)l aliv	hospital) a /e an	Hende	d the decease	ed f rom 9, and	that in (my)	, 19 <u>_69</u>) (our) op:niar	n death accurred	<u>20 ,</u> 19 an the da	69_, that (te ond hour a	M (we) last
		<u>cau</u> ses state	ed all ove, I	(1) (we) (di	d) (dida	view the	body ofter d	eoth.					
		26 SIGNATURE	190	u	10		DEGRE	AFTENDING E PHYS	MED DIRECT	TOR STAFF	220	3/21/69	
	2	2d PHYSICIAN S NAME (Type) R	. G. 1	-					Mospita]	l, Fort Ho	ward,	Md.	
1 = 2	3a. E	URIAL CREMATION, EMOVAL (Specify) BUTIAL	23b. DA	TE r/ 21,	790	23c NAME OF	Cemetery or C	REMATORY	Sec.	d LOCATION (City or		(Caunty)	(State)
1		INERAL DIRECTOR	111	-/	- par 60		O Bela:		Sa REC D BY RE	Dawson Cou	REGISTRARS		, 68.
		IRTCH FU	TEDAT :	TH COLE			to, Md	IL KO.	DATE AR 2	4 1969		Las Jues	e.k
- 10-	-144		M.P. St. Co.			- ugi					494		



- 1		ATE DEPARTMENT OF HEALTH	
1 03460	DIVISION OF VITAL RECORDS, 301 V	V. PRESTON STREET, BALTIMORE, MARYLAND	21201
7017	CERTI	FICATE OF DEATH	03454
I. NAME OF DECEASED	D + ~ 11 (AT	2. DATE AND HOUR OF DEATH	H
to The first H	BERIELLIOI	MARCH 12-1969	11000
0 4 0	LAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If	institution: residence before admission)
BALTIMORI	N HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)	Md	-
HOSPITAL OR ADDRESS	OR LOCATION) HAVEN NURSINE HOME	CITY OR TOWN D. IN	ISIDE CITY LIMITS?
E SERIES /	AMUED PURSINE HOME	BALTO.	YES NO
2 2812 315 INGLE	SIDE AUE	E. STREET AND NUMBER	
- 人 - 星 - 年 - 1897 / 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		5801 LILLVAN AUG	en e
	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (n years last birthday)	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
5. SEX 6. RACE While	E WIDOWED DIVORCED	MAV 18 1892 76	Months Days Hours Min.
	ind of work 108 KIND OF BUSINESS OR INDUSTRY	11. BINTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Theory a 1 Wich	77 41.4	U.S.A.
STORY FATHER'S NAME HENRY EL	ANAGER AUTOMOBILE DEALER	14. MOTHER'S MAIDEN NAME	0,0,77,
	,		
this does not mean the heart foilure, osthenia, etc., injury or complication which which which which we have to the obove can be a state of th	L10/F	MARGARET WOLFO	
(Yes, no or unknown) (Iff yes, give v		17. INFORMANT	ADDRESS
Tis. Was Deceased Ever in U. S. (Ves, no or unknown) lift yes, give w		MRS. FLORAMELLIOTT	5452 Whitewood R
e 5 8.5 (18. /6.7) / 1	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDI LEADING TO (This does not meen the heart foilure, ostheria, etc. injury or complication whice	TION DIRECTLY		SETWEEN ONSET AND DEATH
LEADING TO (This does not meon the heart foilure, osthenia, etc., injury or complication which	DEATH.	SE BANNESS - CONIA	
(This does not meon the heart foilure, osthenia, etc.		A CONSEQUENCE OF:	
injury or complication which	h caused deoth.)	COLUND CONC &	
ANTECEDENT OISEASES OR CONDITIO	CAUSES	, and the same of	
DISEASES OR CONDITION	NS, if one, giving DUE TO, OR AS	ACONSEQUENCE OF	
	ise (A) stating the		
TSTCIAN: One of the district	lost. (C)	de la Company de	
HYSICAN II OTHER SIGNIFICANT CONDITION OTHER DEATH BUT NOT REL			
PHYS BY A TO THE DEATH BUT NOT REL TO THE DEATH BUT NOT REL TO THE DEATH BUT NOT REL BY A TO THE SEARCH OF CONDITION GIVE	ONS CONTRIBUTING ATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL DISCASE OR CONDITION GIV	EN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	ENDONO. CONCIDENT
CERTIFICANT CONDITION OTHER SIGNIFICANT CONDITION OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT REL	WAS PERFORMED	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
DIRECTOR. After this certificate of the harpiton of the harpit	RLYING 21B, PLACE OF INJURY to, Qui	n or obout 21C. WHERE DID (If in Bolton)	ore City, give exact location.
DO RECIDENT WAS UNDER THE PROPERTY OF THE PROP	12	. 4	23 R. DATE SIGNED
	AHA Phy	Med. Staff birector Phys.	3/12/64
AT DE STORY OF THE		23D. ADDRESS	7.8-1
A may A may Hard tar, backly were the may we		Comment of	
S T T T T T T T T T T T T T T T T T T T	DATE 24C. NAME of CEMETERY of CRI		City, town, or county) (State)
TEMOVAL (Specify)	-15-69 PARKWOOD CEL	METERY TIL	D - 111
DEA DATE SECON BY MEALTH D		- INTORPOLE	Balley Ma,
VR A1 2SA, DATE REC'D RY, SEALTH D	1969 Elliante Judge	259 FUNERAL DIRECTOR	ADDRESS
		V. Walten Conscien 549	4 DELAIR IN



* 1	1	•		ON W PRECTON CIPER	II OF HEALTH T, BALTIMORE, MARYLAND 2120'	1
1		03461		CERTIFICATE OF DE		03455
death. meral and 2 death.		ECEASED-NAME First (ype or print)	Middle Zzetta Cecilia	Lost Ermer	20. DATE OF DEATH Month	Pay Year 6:30Am
s after the fu ages 1 rstafter	3. \$	Female	4 RACE White	S DATE OF BIRTH	T # lost bethrloy)	IF UNDER 1 YEAR F JINDER 24 MRS. MONTHS DAYS HOURS MIN
24 hour	cou	Md.	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED NO DIVORCED	☐ Raltimore	Md
within within within		Try or town of DEATH Catensville	g ve street oddress) Surmit Nur	sing Home	120 USUAL OCCUPATION (Kind of work do during mast of working if e, even if ret re HOUSEWILE	d) 12b KIND OF BUSINESS OR INDUSTRY At Home
complet over contract	13a. adm	USUAL RESIDENCE (Where decease issian) STATE	ed lived, if institution; Residence befare	Baltimore YES	INSIDE CITY LIMITS? 13e STREET AND NUMBER S NO□ 1719 Fore	
be exe n and c se remo		FATHER S NAME First ではしてする		is. Mother's maider Hanna		Wallace
tificate the place on the place o	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? If or dotes of services 215-32-85		Metzbower 2207	Crone Court
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filted m. by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within the back death.		PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a) COPODFO-VAS	scular accident	, right hemiplegia	approx mate interval Between onset and death 4 months
nat the , the o nsit pe		Conditions, if any, which gave rise to immediate cause (o),	(b) Arterioscle DUE TO, OR AS A CONSEQUENCE OF	rotic cardiova	scular disease	10 years
uires thysician ysician gned by rrial-tro		stating the underlying couse	(d) Diabetes me	llitus with Ure	emia SEASE OR CONDITION GIVEN IN PART 1(0)	15 years
w required in a property of the purity of th	N	Descubitous ul	cers over the rig	ht leg and sac	ral area.	
N: The law requires the or attending physician. Use has been signed by ruse as the burial-transcript prior ta burial, creatify the control of	CERTIFICATION	XXXXXXXXX	ONDITION FOR WHICH OPERATION WAS P	CXXXXXXX YES	NO (CAUSES OF DEATH? X	GS CONSIDERED IN CERTIFYING XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ICIAN: pital or rtificate d far u of Heal	MEDICAL CE	21a ACCIDENT WAS UNDERLYING or contributing cause of death (If either, natify medical examin	HOUR A.M. Manth Day Year er) P.M.	XXXXXXXX	RED (Enter nature of injury in Port 1 or Par	t 2, Item 18) XXXXXXXXXXXXXX
PHYS he has this cell detache bept.	W.	21d, INJURY OCCURRED 21e.	PLACE OF INJURY 1 AT HOME FARM, STREET, F	CTORY 21f LOCATION Street or	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior ta		22a. I certify that (I) (162	Neshika) attended the deceasive on March 8, (I) (1992) (did) (did) view the	ed from 19 <u>69</u> , and that in (my) ¢ bady after death.	, 19 <u>54</u> , ta ^{March} , And Appinian death accurred an the	19 <u>09</u> , that (I) (west last e date and haur and fram the
OR AT OR Estable restar		226 SIGNATURE	1111. Estinge ;	DEGREE PHYS.	MED STAFF PHYS.	22c date signed 3/18/69
SPITAL 4 may WERAL I Tor, pag Id be fil					N.Rolling Rd. Balt.	
TO HO Page TO FUR direct		D . 20 VC U(.14	20-1969 Lorr	cemetery or crematory	23d LOCATION (City or Town) Woodlawn	(County) (State) Md
SOM REV	24.	FUNERAL DIRECTOR G. Howard Sti	rong 3207 W. No	orth Are.	A44.00 -	ARS SIGNATURE

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1	1	onico Le	DIVISION OF VITAL RECORDS,		DEPARIMENT OF		TAND 21201		
م ا		03462			CATE OF DEATH		LAND ZIZOT	03456	
er death. funeral and 2 er deoth.			e S. Euler		Last	20 DATE OF D 3/20/			2b. HOUR
24 hours after death ad in by the funeral pper. Pages I and 3	3. \$	Male	4. RACE White		5 DATE OF BIRTH 9/2/69 9/	12/04	AGE (In years lasSouthday) VRS		IF UNDER 24 HRS HOURS MIN
d in by		BIRTHPLACE (State or foreign nitry) Md.	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF D Balto	EATH)		Md
be executed within 5 and completely fille e remove corbon par in ony event, within	10	Catonsville	II NAME OF HOSPITAL OR IN:	STITUTION (IF	not a hospito 120 USI during a	UAL OCCUPATION (I most of working lif	(ind of work done e, even if retired)	126 KIND OF B INDUSTRY	USINESS OR
ide be executed within 24 ideas can completely filted in decise remove carbon papel and in ony event, within 7	13o adm	USUAL RESIDENCE (Where deceas ssian) STATE Ma	ed lived, if institut an Residence before 13b COUNTY Balto	Cator		13e STREE	ET AND NUMBER Charing	Cross Ro	ad
e remo	14,	FATHER'S NAME First Harry B.	Middle Lost Euler	11	Marie Edell	Ferst	Midd.e		Lost
physicar en pleas ovol, and	160	WAS DECEASED EVER IN U.S. ARM (es, 10 or unknown) (It yes give w	NED FORCES? ar or dates of service)		nformant rs. George	S. Euler,	526 Cha	ring Cro	ss Rd
		PART I DEATH WAS CAUSED	ly ane cause per the far (a), (b), and (c) DBY OFF (AUSE (a)	idial	Infaretio	27)			TE INTERVAL LET AND DEATH
The law requires that the deoth attending physician. hos been signed by the ottendir se as the burial-transit permit th prior ta burial, crematian, or re		Canditions, if any, which gave) ase to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	2	elinosis			10.	27
equires that the physician signed by the burial-transit burial, cremati		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF						
The law requires the attending physician, hos been signed by se as the burial-train horior ta burial, cre	No.		IDITIONS CONTRIBUTING TO DEATH BUT N		O THE TERMINAL D SEASE OF	R CONDIT.ON GIVEN I	N PART 1(a)		
aftend aftend hos be se as th prio	CENTIFICATION		CONDITION FOR WHICH OPERATION WAS PE		2Da. AUTOPSY? YES NO	CAUSES O			TIFYING
reformed by the hospitote strong by the hospitote strong by the hospitote of the strong by the stron	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	H HOUR A.M. Month Day Year		OW INJURY OCCURRED (Ent	ter nature of injury	in Part 1 or Part 2,	Item 18)	
this ce detoche e Dept.	墨	ot wark at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFF CE BUILDING, ETC					County	State
by Affer Stori		22a. I certify that (I) (Altr sow the accessed al causes stated above	s hospital) ottended the decease live on 3 - 19-1 , (I) (we) (did) (did nat) view the	ed from 9 <u>6 9</u> , and bady after	2 - 17-, 19 d that in (my) (oor) ap death.	6.9, to pinion death occ	3 - 20-, 19 curred on the do	49, that one one of	(I) (We) last nd from the
be retoined Offer of Should ed with the		226 SIGNATURE.	Tallage Do St	DEGR		MED	220	DATE SIGNED	
TO HOSPITAL Page 4 may k TO FUNERAL D director, pogo		22d PHYSICIAN'S	lmer K. Gallagher	Sr	22e, ADDRESS 6209 Frede		ıd		
To FUN direct	T.	1	Parkwood Parkwood				(City or Town) pre, Mary	Land'	(State)
VR A15	. 24 ,	Witzke, 4101 Ed	lmondson Ave. 21229	7	2SO REC D	2 4 1969	25h BEGISTRARS	SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03457 CERTIFICATE OF DEATH Lost 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 26. HOUR requires that the death certificate to executed within 24 haurs after death. (Type or print) Manth. Everitts Franklin James March 6. AGE (In years IF LINDER 1 YEAR IE LINDER 74 HRS. A. RACE S. DATE OF BIRTH 3 SEX last birthday) 54 DAYS HOURS White 11-27-1914 Male 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔯 NEVER MARRIED country) voriat-iransii permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h WIDOWED [DIVORCED [T] Baltimore Martinsburg, W. Va TISA completely filled 120 USUAL OCCUPATION (Kind of work dane ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR give street address) during most of working life even if retired)
Electrical Supervisor INDUSTRY remave carban Baltimore 6909 Digby Road 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 3d. INSIDE CITY LOMITS? admissian) STATE Balto 6909 Digby Road NO X Balto M.ddle IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Lost Tücker Everitts physican 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Navy Beatrice Everitts-6909 Digby Road 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ; rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cousei PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Page 4 may be retained by the haspital ar attending 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? CAUSES OF DEATH? YES [NO 🗔 DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. OR CONTR BUTING CAUSE OF DEATH Month Day Year be detached for State Dept. of H (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No County Stote 21d. INJURY OCCURRED City or Town While Mat while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 , 19 , ta / March 19 , 19 deceased from saw the deceased alive an 19 , and that in (my) (aux) opinion death accurred an the date and hour and from the directar, page 3 shauld be shauld be filed with the Sta causes stated above, (1) (we) (aid) (did not) view the bady after death. 22c. DATE SIGNED 226 SIGNATURE **ATTENDING** MED DIRECTOR DEGREE PHYS 22e. ADDRESS PHYSICIAN'S FUNERAL NAME (Type 23d LOCATION (City or Town) (Stote) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION B REMOVAL (Specify) Baltimore, Maryland 3-10-69 9 Baltimore National Cem ADDRESS Bell 2/200 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (A) Let Hopts wer 30M REV

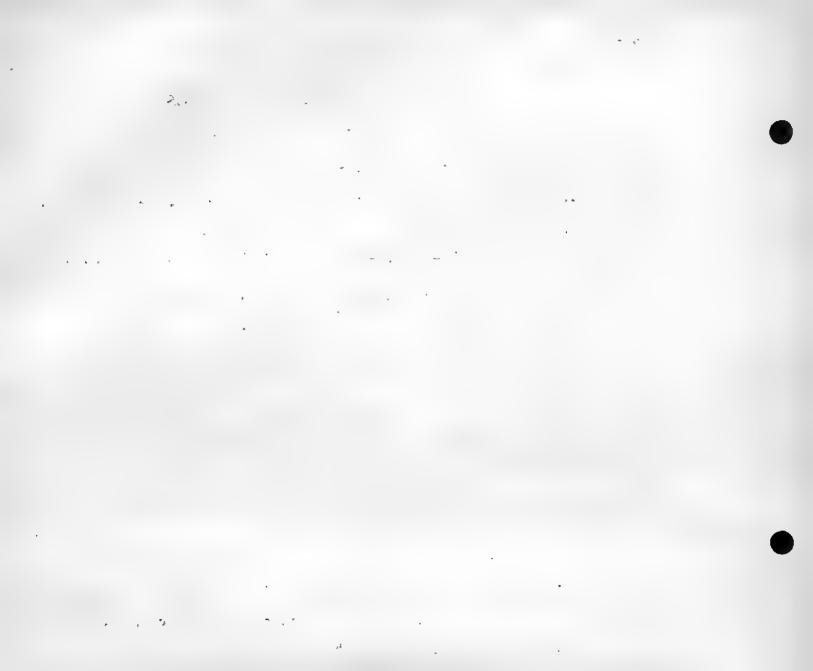
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		MARYLAND STATE DEP 03464 DIVISION OF VITAL RECORDS, 301 W. PREST	PARTMENT OF HEALTH ON STREET, BALTIMORE, MARYLAND 21201	
			E OF DEATH	03458
X		race of Death COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE Md., b. COUNTY	Balto.
1	II \	CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b winte RURAL and give nearest tawn)	c CITY OR TOWN (If outside carporote limits, write RURAL on Baltimone	
) (NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1211 Fairfield Road	d STREET ADDRESS 1211 Fairfield Road	e IS RESIDENCE ON A FARM? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
-	3.	NAME OF First Middle PECEASED Paisy B.	Fair JATE OF March 4	
S.		Female White WIDOWED DIVORCED	Dec. 25, 1871. 1875 93 orthogy) Mon	
	10o dun	USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State or foreign country) Balto. Co. Md.	12 CIT ZEN OF WHAT COUNTRY ?
	13	FATHER'S NAME (aleb W. Armacost	14 MOTHER'S MAIDEN NAME Lucinda Martin	
	35 {Ye		INFORMANT A. Ponald T.A. Fair Baltimon	.e, Md.
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Order	irin	INTERVAL BETWEEN ONSET AND DEATH
		Conditions it only which gove) DUE TO The Trans Chryste	to cardinancular bream	15-40
The other production of the pr		rise to immediate couse (o), stating the underlying couse last.		
*	MOITE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
•	CERTIFICATION	20a ACCIDENT WAS UNDERLYING COORDINATED OR CONTRIBUTING COLORED OF	(Enter nature of injury in Port 1 or Part II of item §8.)	
	MEDICAL	20c TIME OF HIJRY Month, Doy Yeor Hour om While Not While to	LACE OF INJURY (Home, form, 20f (City or fown) artary, street, office bidg , etc.)	(County) (State)
		2) Learlify that (1) (this hasnital) attended the deceased from	at death accurred at \$394 M, fram causes and	, 19 <u>69</u> , that (I) (we) los an the date stated above
with t		220. SIGNATURE		2b. DATE SIGNED
shauld be filed with the State Dept. of		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	230	BURIAL (REMATION, 236 DATE THEREOF 230 NAME OF CEMETERY O REMOVAL/Specify) March 7, 69 Beckeysvill		(County) (State)
m	24	FUNERAL DIRECTOR ipton-Eline Funeral Home Hampstead, M	250 REC'D BY REGISTRAR 25b REGISTR	RAR'S SIGNATURE
X		Court Court of the	a. DATEMAK 6 1969 70%	mally years.



034	465	DIVISION		301 W. PRESTO		IMORE, MARYLAND 2	1201	345	9		
1. DECEASED-N. (Type or print) 3 SEX 70. BIRTHPLAC country) West of the country o		n,	Middle	Sarah	9	20. DATE OF DEATH March Month		5 year	2b. HOUR 12:5		
3 SEX	F	4. RACE	W	S DATE	of Birth 15/30	6 AGE (In y lost birth	POORS F.JI		IF UNDER 24 HRS. HOURS M.N.		
7o. BIRTHPLACI	E (State or foreign stminister	USA		8. MARRIED NEVI	DIVORCED	9 COUNTY OF DEATH Baltimore			Md.		
10. CITY OR TO		11 g(. NAME OF HOSPITAL OR INS Set 연호 연호하기요구나 s	TITUTION (If not in hos Hospice	pitol 120. USU during Te	AL OCCUPATION (Kind of wo	rk done 12 retired.) IN	NDUSTRY	JSINESS OR		
13a. USUAL RE odmissian) S	SIDENCE (Where decease TATE Md •	ed lived, if insti 13b COUNT	tution: Residence before Raltimore	13c CITY OR TOWN TOWSON	13d. INSIDE CITY (ake Av	C.		
14. FATHER'S N	William		Callaghan		RS MAIDEN NAME Ar		Middle		Lost		
160. WAS DEC	ASED EVER IN U.S. ARM inknown) (If yes give wi	ED FORCES? ar or detes of service)	166 SOCIAL SECURITY 218-52-21	10 17 INFORMA 188-JI S	NT Stella Mar	ris Hospice,	^{ddress} Towson,		TE INTERVAL		
Condition rise to in stating t lost.	is, if any, which gave namediate couse (a), the underlying couse	TE CAUSE (o) DUE TO, O (b) DUE TO, O (c) DITIONS CONTR	R AS A CONSEQUENCE OF	CONDITION GIVEN IN PART 1(c	ne						
RTIFICA			WHICH OPERATION WAS PEI	Y	. AUTOPSY? /ES NO				TIFYING		
ਤੋਂ □ OR CON ⊝ (If either,	DENT WAS UNDEREYING CAUSE OF DEATH NOTIFY medical examin	HOUR A.I	M. 19			r nature of injury in Part 1 a	r Port 2, Item	18.)			
While	- A		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					unty	State		
22a. 1 c sa: ca	22a. I certify that (I) (this haspital) attended the deceased from 501y, 19.60, to 12°C, 19.69, that (I) (visually saw the deceased alive an Farch 11, 19.69, and that in (my) (our) apinian death accurred an the date and hour and frocauses stated above, (I) (we) (did) (did nat) view the bady after death.										
22b SIGN	ATURE T. Le	e Rob	bino no.	DEGREE PH	TENDING 1485.	MED. STAFF DIRECTOR PHYS.	225 PATE	signed ,769			
22d. PHY NAA	SICIANS NE (Type) E .	Lee Rob	bins, M.D.			kingbird Lan					
230. BURIAL, C REAPONAL	(spaily) 3-1	ATE .8-1969	St. Ma	cemetery or (rematery or Cemetery or Cemetery)	tery, Gov	23d. LOCATION (City of To ans Baltimor	e. Mar	ounty) yland	(State)		
24. FUNERAL I		Towson	ADDRESS 1050 York I	Rd. 21204	DATE A		GISTRAR'S SIGN		4.79		

MAKTLAND STATE DEPARTMENT OF HEALTH



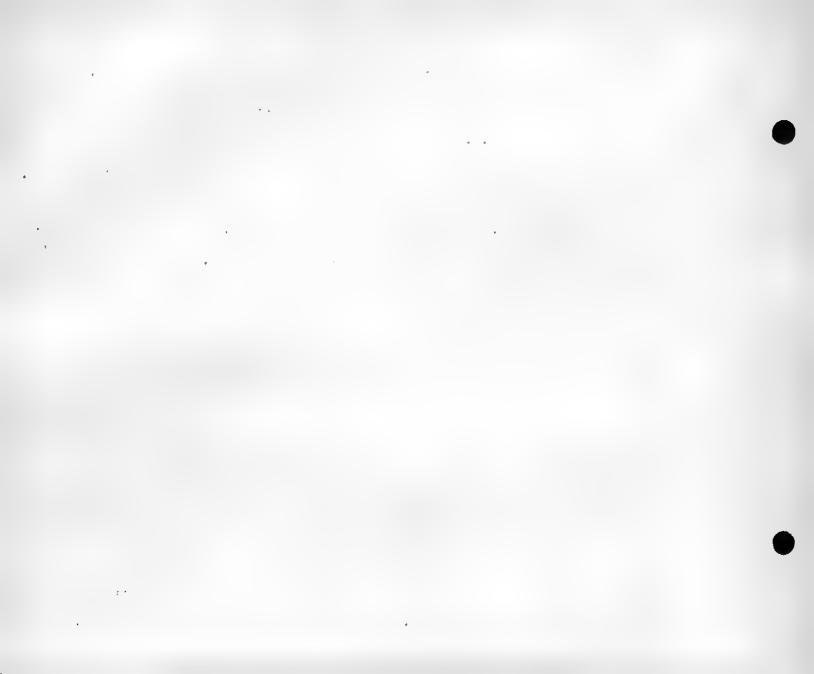
1	4.54		STATE DEPARTMENT OF						
Н	03466	DIVISION OF VITAL RECORDS,	03460						
	DECEASED-NAME First (Type or print)	Middle	ERTIFICATE OF DEATH	20. DATE OF DEATH Month Day	2b HOUR				
L	Mary		Ferrare	3 20	1969 M				
3. :	Female	4. RACE White	S. DATE OF BIRTH August 13		HE UNDER YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN				
70	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH					
	Poland	Poland	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Baltimore	Md				
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	ITUTION (If not in haspital 12a USI	JAL OCCUPATION (Kind of work dane	12b KIND OF BUSINESS OR				
12.	Towson	sed lived, if institution Residence before	13c. CITY OR TOWN 13a INSIDE CTY	past of warking life, even if retired)	INDUSTRY lothing				
	nissian) STATE Lid.	13b COUNTY Balto.		io 13e STREET AND NUMBER 6115 The Alas					
14	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	last				
AE	John G. WAS DECEASED EVER IN U.S. ARM	MED FORCES? 116b. SOCIAL SECURITY N		Address					
ľ		war or dates of service) 216 12 21		RRARE 6115 The Alas	meda				
		nly ane cause per line for (a) (b), and (c))			APPROXIMATE INTERVAL BETWEEN DINSET AND DEATH				
	PART I, DEATH WAS CAUSED	iduay							
L	4360 DUE TO, OR AS A CONSEQUENCE OF								
ı	Canditions of any, which gave prise to immediate cause (a)	(0)	worlow	~2					
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1 .	(en o Dioc.	1 70 yes				
	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)					
Z									
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING				
FRITE	21a. ACCIDENT WAS UNDERLYIN	MC TALL TIME OF IMPLIES	YES NO 4		103				
		TH HOUR A.M Month Day Year	ZIC. HOW INJURY OCCURRED (ENT	er nature of injury in Part 1 ar Part 2, It	rem 10.)				
MEDICAL	(If either, notify medical examined 21d. INJURY OCCURRED 21e.	iner) P.M. 19 . PLACE OF INJURY AT HOME EARM, STREET, EACT OFFICE BUILDING, ETC.	ORY 21f LOCATION Street or R.F.D. N	o. City ar Tawn	Caunty State				
	While Nat while at work at work	COFFICE BUILDING, ETC		,					
	22o. I certify that (I) (th	his hospital) attended the decease	d from , 19	49, 10 3/20, 190	57, that (I) (we) lost				
	saw the deceased a couses stated above	e, (I) (we) (did) (did not) view the b	ody ofter death.	inian death accurred on the dat	te and haur and from the				
	22b_SIGNATURE	LICOL	ATTENDING	MED STAFF 22s D	ATE SIGNED / C				
	Von	IL Vans	DEGREE PHYS	DIRECTOR PHYS.	120/0/				
	22d PHYSICIAN S NAME (Type) Con	mrad Richter	22e. ADDRESS 3128	Herford Rd.	/				
23			EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)				
			edeemer Cemetery		mito. Md.				
	FUNERAL DIRECTOR	address	2Sa REC'D	BY REGISTRAPS 256 REGISTRAR S	SIGNATURE: 352-				
- 61	けいさいき キャー・バイタ びらてる	STU MORIS OFFICE TOTAL	DAIL						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 03461 CERTIFICATE OF DEATH I. DECEASED-NAME Last First Middle 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2b. HOUR (Type or print) Joseph Fiddes Month P. 9.20Pm March 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years F JNDER 24 HRS. last highday) HOJŔŚ Male White January 7. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED signed by the attending physicion and completely filled in by burial-transit permit. Then please remave corban papers burial, cremation, or removal, and in any event, within 72 hau (duntry) Baltimore, U.S.A. WIDOWED FT DIVORCED | " Maryland 10. CITY OR TOWN OF DEATH I NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retured MPUSTRY Stillman - Calvert Distilling Co. Towson dive street address) St. Joseph Hospital 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 113c City OR TOWN 13e STREET AND NUMBER 136 COUNTY 2915 Fait Ave. -21224 Baltimore Maryland 14 FATHER'S NAME First S MOTHER S MAIDEN NAME First Middle Lost Middle Fiddes Joseph R. Helen H. Pilert Balto. Md. 17 INFORMANT (WITE) 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address Yes na, ar unknown) (If yes give wa o dates at service) Mrs. Rita M. Fiddes, 2915 Fait Ave. 215-16-0513 APPROXIMATE INTERVA B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)

PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Massive gastro-intestinal hemorrhage BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) multifocal erosions of nse ta immediate cause (a). Page 4 may be retained by the hospital or attending physician. stoting the underlying cause (d) esophageal varices due to portal cirrhosis. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TX NO [21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A M Month Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City of Town Stote County While Not while at wark 220. I certify that (4) (this haspitol) attended the deceased from 2/15/, 169, to 3/9/, 169, that (4) (we) last saw the deceased alive an 3/9/, 1969, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave,,(1) (we) (did) (did nat) view the body after death 22c, DATE SIGNED ATTENDING PHYS March 10.1969 DEGREE DIRECTOR 22e. ADDRESS NAME (Type) Christina Feliciano, M.D. 7620 York Rd., Towson Ad., 21204 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (State) 23a. BURIA, CREMATION, (County) Balto. National Cemetery Baltimore, Md. 25b. REGISTRAR'S GIGNATURE John J. Duda, 2829 Hudson St. Balto. Md.



1 1		IND STATE DEPARTMENT OF H S, 301 W. PRESTON STREET, BALTI		
03468		CERTIFICATE OF DEATH	0346	2
		lost schbeck	2a. DATE OF DEATH	2b. HOPM 11:204
3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (in years IF UNDER last birthday) MONTHS	TYEAR OF JINGER 24 HRS DAYS HOURS & MIN
Male 7a. BIRTHPLACE (State or fore)	m 7b CITIZEN OF WHAT COUNTRY?	Oct. 26,19	13 55 YRS.	
Country) Towa	U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore County	Md.
10. CITY OR TOWN OF DEATH Woodlawn	11. NAME OF HOSPITAL OR give street oddress) 2132 Sout	INSTITUTION (if not in haspital land Rd. 12a USJA)	st of warking Life, even if retired) INDUS	IND OF BUSINESS OR STRY
13a USUAL RESIDENCE (Where admission) STATE	deceased lived, finishtutian Residence before 13b COUNTY Baltimore	re 13c CITY OR TOWN 13d INSIDE CITY LA YES NO	130 STREET AND NUMBER	
14 FATHER'S NAME First	Middle Last		2132 Southland Av	last
Ralph W.	Fischbeck	Helen O		2031
16a WAS DECEASED EVER IN U	S. ARMED FORCES? 16b SOCIAL SECURI	TY NO 17 INFORMANT	Address	
NO	319_01_9		hbeck 2132 SouthBand	Rd. 21207
Conditions, if any, which use to immediate coustituting the underlying last.	DUE TO, OR AS A CONSEQUENCE (a), (b), (c), OR AS A CONSEQUENCE (c), (c)	Carcino na	Prostate !	7 MONTHS
	IT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION 21a, ACCIDENT WAS UND	196. CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY? YES NO N	20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	D IN CERTIFYING
210. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical 21d No. 18Y OCCURRED	OF DEATH HOUR A.M. Manth Day Ye	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Item 18.)	
21d N. JRY OCCURRED While Not while at wark of wark		FACTORY.) 21f LOCATION Street or R.F.D. No.	City ar Town County	State
22a. I certify that (saw the decea causes stated () (this haspital) attended the deceded alive on March 7 bove, (1) (we) (did) (did not) view th	used from tests, 1943 19457, and that in (my) (aur) apin e bady after death.	ian death accurred an the date and	
226 SIGNATURE	sied hade		D STAFF D 22¢ DATE SIGN	NED
22d, PHYSICIAN'S NAME (Type) Day	id I. Miller MD.	22e. ADDRESS 9115 Reiste	erstown Rd. Owings Mi	ills Md.
23a. BUR AL, CREMATION, REMOVAL (Specify)	23b. DATE 23c NAME (23a. LOCAT ON (City or Town) (County	y) (Stale)
Biria 24. FUNERAL DIRECTOR	March 12, 69 Woodl	awn Cemetery	Woodlawn Maryland	
	8728 Liberty Rd. Rai		REGISTRAR 25b REGISTRAR'S SIGNATUR	Rt , * # ,

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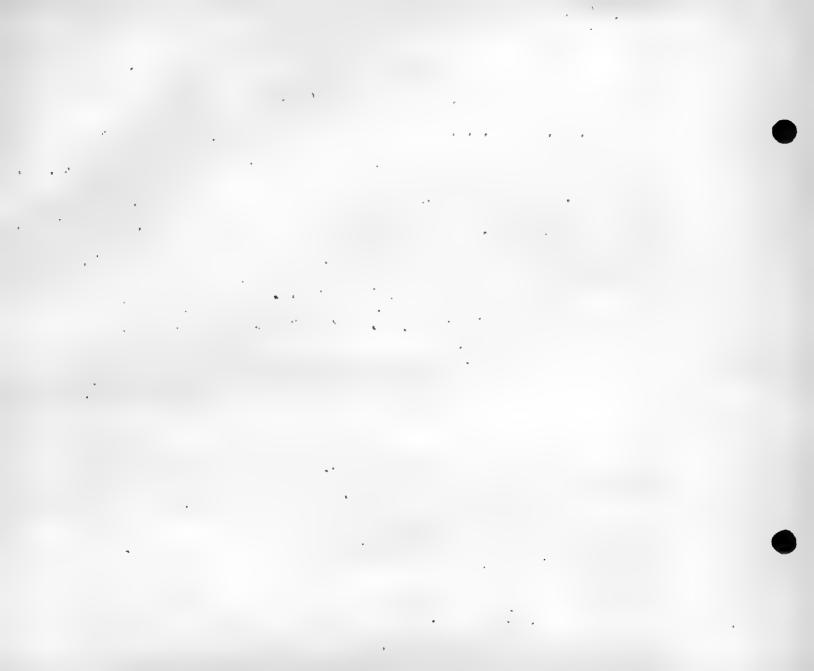
10cm			ND STATE DEPARTMENT OF I , 301 W. PRESTON STREET, BALT		
2	03469		CERTIFICATE OF DEATH	0	3463
Ī	DECEASED NAME First (Type or print) WITLE	AM H.	FISHER, JR.	20. DATE OF DEATH March Month 14, Doy	2b HOUR
3	Male Male	4. RACE White	s date of Birth July 18, 19	909 • 59 "YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MOINTHS DAYS HOURS MIN.
7	o BIRTHPLACE (State or foreign ountry) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED CNEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Balt	imore, Md.
4	city or town of death Carney	11 NAME OF HOSPITAL OR II give street address) 291	8 Chenoak Ave. during m	AL OCCUPATION (Kind of work done ost of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
100	30 USUAL RESIDENCE (Where deceos dmission) STATE Md.	ed lived, if institution Residence before		13e STREET AND NUMBER 2918 Chenoak	Avenue
	4. FATHER'S NAME First William	Madde Lost H. Fisher			Diggins
	60 WAS DECEASED EVER IN U.S. ARA Yes, no, of unknown) (If yes give w	NED FORCES? 16b. SOCIAL SECURITY 216-05-7	700 17 INFORMANT 590 Mrs. Gertrude	B. Fisher	(Same)
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (o) BY: NE CAUSE (a)	ite corumy to	iromborii	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost.	(b) Ate.	noulemotic her	et dunne	7 = 3-1
	PART 2 OTHER SIGNIFICANT COL		NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
)	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	ERFORMED 200 AUTOPSY? YES \(\square\) NO \(\square\)	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
1	210 ACCIDENT WAS UNDERLYIN arcontenbuting cause of Dea (if either, notify medical examination of the company	H HOUR A.M. Month Doy Yes		r noture of injury in Port 1 ar Port 2, It	tem 18.)
	While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.	ACTORY, 21f. LOCATION Street or R.F.D. No.		County Stote
	22a. I certify that (I) (the saw the deceased a causes stated above	is-hospital) attended the decea live an	sed from January, 19 <u>c</u> 19 — Fand that in (my) (cur) o p e bady after death.	53, ta <u>3-/4</u> , 19 inian death accurred an the da	te and haur and from the
/	22b. SIGNATURE		DEGREE PHYS	MED STAFF 22c. E	3/15-/69
		OlON FRIED HOI		1111	PD
_		/18/69. Park	F CEMETERY OR CREMATORY Wood Cometery	23d LOCATION (City or Town) Baltimore,	
R	Leonard J. Ruc	k, Inc. Balto. Md	ודחדו	1 7 1969 PEGISTRARS	SIGNATURE



- 1/-					IMENI OF HEALI		
		03470	DIVISION OF VITAL RECORDS				_
		00440		CERTIFICATE C	OF DEATH	034	64
feath eral and 2 feath.		CEASED NAME First ype or print) Harris	on Franklin	Fletch		DATE OF DEATH Nanch Month 180	y Yeo 69 6:45 1 M
be executed within 24 haurs after death and completely filled incov. the funeral e remave carban papers. Pages 1 and 2 in any event, within 72 hours after death	3 SE	× M	4. RACE W	S DATE (OF BIRTH 1896	6 AGE (In years lost birthday) 7/3 YRS.	IF UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS MOTURS MIN
The state of the s	7a. I	SIRTHPLACE (State or foreign try) Phil. Penn	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED THEVER		Ballina	Md.
inthin 2.	10 (ITY OR TOWN OF DEATH PIKESVILLE	11 NAME OF HOSPITAL OR II give street address)	ISTITUTION (If not in haspi	during most of v	PATION (Kind of wark dane varking life, even if retired) YUNCE H722	126 KIND OF BUSINESS OR INDUSTRY
implete we carb		USUAL RESIDENCE (Where deceases selon) STATE	ied lived, finstitution. Residence before		13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER 4108 Lowell	
Tar /	14.	ATHER S NAME First	Middle Last	15. MOTHER	S MAIDEN NAME First	Middle	Lost
a a s		Paniel	Y. Fletche	er	Virginia		Mohr
ificate (ysician please al, and		WAS DECEASED EVER IN ILS ARE		NO. 17. INFORMAN	1. 121	Address	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate as executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. Page 4 may be retained by the haspital or attending physician and completely filled incorp, the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filled with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 724 auxs after death.			If y ane cause per line far (a), (b), and (c) D BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O	miabdin	nine Loort	e, Kupture	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the ician. Set by the set by the set by the set of by the set of		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) ASC L DUE TO, OR AS A CONSEQUENCE OF	P			
NING PHYSICIAN: The law requires the by the haspital or attending physician. Iter this certificate has been signed by be detached for use as the burial-traistate Dept. af Health priar to burial, cre	×	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION		
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ICIAN: pital or rrificate ed far u af Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exami	TH HOUR A.M. Manth Day Yea ner) P.M.	19		af injury in Part 1 ar Part 2,	
PHYS the has this ce this ce Dept.	≥	at work I at work	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC			City or Town	County State
FO HOSPITAL OR ATTENDING PHYSICIAN: 18 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Health		22a. I certify that (I) (the saw the deceased courses stated above	nis hospital) attended the deceo plive on / (sed from 1967, ond that in body ofter death.	(my) (our) opinion	death occurred on the d	ote ond hour ond from the
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE	Wielans		ENDING MED.		DATE SIGNED -18-69
SPITAL 4 may IERAL D ar, pag d be file		22d. PHYSICIAN S NAME (Type)	les f. Williams	MP.	ADDRESS PIKES		08, Md.
HO.	230	BURIAL, CREMATION, 23b.		F CEMETERY OR CREMATO	RY 23d	LOCATION (City or Town)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify) 3		odlawn		Woodlawn	Md.
VR A IS STAN	24. Gr	FUNERAL DIRECTOR . Howard Str	ong 3207 W.Nort	h Ave.,	DAMAR 19	1969 ZSb. REGISTRAR	and and



1	1	1	03471	DIVISION OF VITAL RECOI		PRESTON STREET RA		AND 21201		
		:	Item23 FilmGull			CATE OF DEATH		1	03465	5
-	funeral I and 2 er death.		ECEASED NAME First Type or print) Alic	ce Anas	stasia	Fleury	2o. DATE OF DE	Month Day	Year Year	8 AN
ä	s affer in the state of the sta	3 5	Female	4. RACE Cau.	·	S. DATE OF BIRTH	2	AGF (In years last birthday) YRS.	MONTHS DAYS	HOURS MIN.
•	a hour	COU	niny) Balto. Co.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED		9. COUNTY OF DE	limo	re-	Md
	within within	F	CITY OR TOWN OF DEATH Bradshaw	11 NAME OF HOSPITAL give street address Br	'adshaw,	not in hospital 120 Ut Maryl and	Sets occupation (ki Sets occupation (ki	nd of work done	126 KIND OF INDUSTRY	BUSINESS OR
) :	cuted a	13a. odm	USUAL RESIDENCE (Where decease issian) STATE Md.	ed lived, if institution Residence by 13b. COUNTY Baltimo	erore ISC CHT C	R TOWN 138 INSIDE CH	NOTT	T AND NUMBER adshaw)	Mg 5105.	
	icate be executed with sician and campletely figures remave carban I, and in any event, with	14	FATHERS NAME First Stephe		ost uller	IS. MOTHER'S MAIDEN NAME	First Blanche	Midd.e L.	Brad	Last
	physician and campletely filled en please remave carban page and and in any event, within a and in any event, within a	160	. WAS DECEASED EVER IN U.S. ARM Yes, no, pr unknown) (# yes give wo	4 4 4 1 1	JRITY NO. 17 9 - 53 1 5	Dr. Mark M	seller Upp	Address per Falls		
	PHYNICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remave carban papers and Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 12 haurs after death		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA	y one couse per line for (a), (b) or BY TE CAUSE (a)	Fral	Thron	ibaxe			NSET AND DEATH
	t the di the atte sit pern nation,	l	Conditions, if any, which gove	DUE TO OR AS A CONSEQUENCE	al la	scular	Orlero	deros	10 4 n	rs
•	equires that the physician. signed by the burial-transit purial, crematir	l	rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENT	Din	Rous	Duxe.	are	4	Frs
	v requires ing physici ien signed he burial- to burial,	×	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED	TO THE TERMINAL DISEASE C	RCONDITION GIVEN II	N PART 1(a)	,	
-	AN: The law roll of a strengthing reals has been for use as the Hillialth prior to	CERTIFICATION		CONDITION FOR WHICH OPERATION W	/AS PERFORMED	20o. AUTOPSY? YES \NO	I A CALICTA OF	S, WERE FINDINGS () DEATH?	ONSIDERED IN CI	ERTIFYING
3	PHYSICIAN: The law re haspital ar attending this certificate has been stacked far use as the Dmpt. at Hmalth priar to 1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, natify medical examin	H HOUR A.M. Month Doy		HOW INJURY OCCURRED (E	nter nature af injury i	n Part ar Port 2, I	tem 18.)	
		W	While Not while at work	PLACE OF INJURY (AT HOME, FARM, STR OFFICE BUILDING, ET	c, ')	COCATION Street or R.F.D.	Na. City or	,	County	Stote
	ATTENDING etained by th CTOR: After to shauld be de vith the State		saw the deceased al	s hospital) attended the de live an 3/2 3 , (I) {wa} (du) (did not) view	19 <i>67</i> , a	nd that in (mv) (eur) c	ppinian death au	urred an the do	te and have	(I) (we) las and fram the
	OR ATTEN be retained DIRECTOR: /	ı	22b. SIGNATURE	in Mull	les no	ATTENDING CREE PHYS	MED S	TAFF 22c I	DATE SIGNED	169
	PITAL OR may be ERAL DIR ir, page ir, bage if be file		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS		· · · · · · · · · · · · · · · · · · ·	7	
	O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be file with the	230	BURIAL CREMATION, 23h CREMOWAL Specify	0/25/69 St.	of CEMETERY O Stephens	r crematory Cemetery	23d. LOCATION Bradsh		(County) Lto. 1	(Stote) Vid •
	VR A15 (4) 3 30M REV 1×68	24. I	FUNERAL DIRECTOR assahn Funeral	Home 7401 Belai	r Rd. 2.	L236 DATE AF	8 2 REGISTRA 1969	25b REGISTRAR'S	SIGNATURE	3en



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4 1 /	14	03472	DIVISION OF VITAL RECORDS,			02466
2 82	72	FCEASED NAME First		CERTIFICATE OF DEATI		03466
within 24 haurs after death. Son papers, Pages 1 and 2 within 2 Nours after death.		Type or print) Nac	M ddle	lost Ford	2a. DATE OF DEATH Month Day	2b. HOJR
er de	3 5		14 RACE	S. DATE OF BIRTH	Maerk Month 5 Day 6 AGE (In years	69 8 A
affre the riges affred		female	white=	Sept. 1,	1897 lost birthday) YRS.	MONTHS DAYS HOURS MIN
durs by by fours	7a.	BIRTHPLACE (State or foreign)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
24 haurs after death be in by the funeral pers. Pages I and 2	(QU	ntry) Md.	U. S.	WIDOWED A DIVORCED	Baltimore	M
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10:	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (finat in haspital 12a b	SUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
(I 1) - 35 3/1		Catonsville	SPRING GROVE	STATE HOSP. during	most of working life, even if ret red)	INDUSTRY
e executed within 24 and campletely falled remave carbon pape n any event, within any event, ev	13a. aam	USUAL RES DENCE (Where deceased issian) STATE Md.	d lived, if institution Residence before	13c. City OR TOWN 13d inside City Balto.	NO 13e STREET AND NUMBER 611 Chapelga	te Lane
and cand cand cand cand cand cand cand c	4.	FATHER'S NAME First George W. Se	Middle Last eaman	is mothers maiden wam Cora	Eirs† Middle	_ast
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the retained by the haspital ar attending physician. IRECTOR: After this certificate has been signed by the attending physician and campletely es 3 shauld be detached far use as the burial-transit permit. Then please remave carboned with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, with	160	WAS DECEASED EVER IN U.S. ARME (es, na, ar unknawn) (II yes give war	D FORCES? or dates of service) 16b SOCIAL SECURITY P		Address NG GROVE STATE HOS	PITAL
Tig b The		18 CAUSE OF DEATH (Enter only	ane cause per line far (a) (b), and (c)			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
he death cei attending p permit. The		PART I DEATH WAS CAUSED IMMEDIATI	E CAUSE (0) Multiple	pulmonary thromb	sis and infarcts	24 hrs
affe perm perm fan,		λ λ	DUE TO, OR AS A CONSEQUENCE OF			
the the rasit mat		Canditians, if any, which gave anse to immediate cause (a)	(b) Bilateral	bronchopneumon	ia	3-4 days
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law endii beg is the	CERTIFICATION	190 DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PER	REORMED 20a. AUTOPSY?	206 IF YES, WERE FINDINGS CO	INS DERED IN CERTIFYING
The atte	I			YES NO	_	
AN: ol ar cate car c Heal	CAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Manth Day Year	21c HOW INJURY OCCURRED (En	iter nature of injury in Part 1 or Part 2, It	em 18)
State of the state	AFD C	(If either, natify medical examine	r) P.M 19			
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre-		at work - at work -	LACE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.			Caunty State
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TEN ined auld the		causes stated above,	(I) (we) (did) (did nat) view the l	pady after death.	hunan asam accoursa an the ast	e and nour and from the
ECT Parameter Pa		22b SIGNATURE	/	ATTENDING	MED STAFE 27c D	ATE SIGNED
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RAL RAL be f		22d, PHYSICIANS NAME (Type) De met	rios E. Kepas ,	14 ^	PRING GROVE STATE	
D HOSPITAL OR ATTENI Poge 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23n	BURIAL, CREMATION, 23b. DA		EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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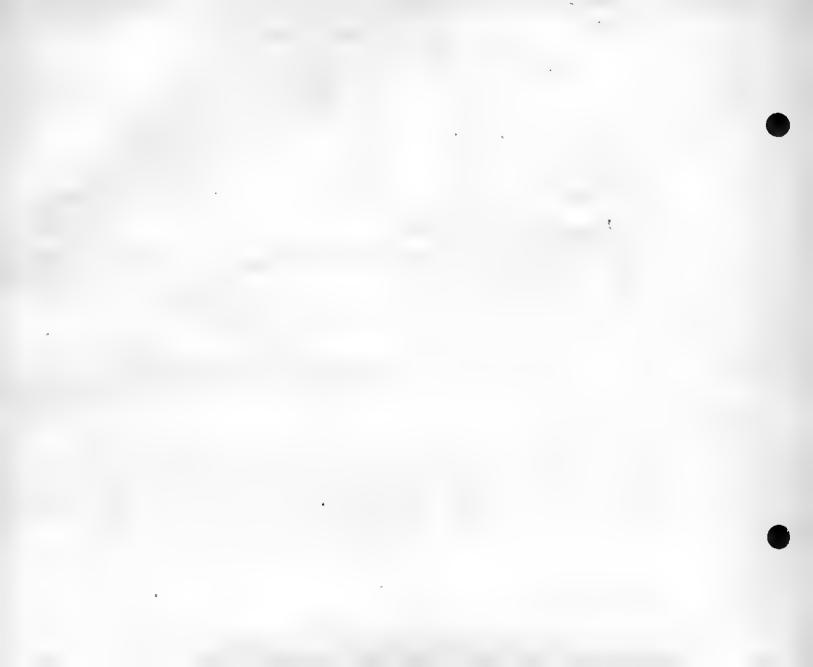
CERTIFICATE OF DEATH Description Descri	1 1				J STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL		0210-
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	and 2 death		.1		Lost	Month Day	2b. HOUR 69 Year 9 A M
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Ves. no. or ugknown) 1 (1985 give wall of direction shower) 2 16-09-2758 When There's Francy 21 kilgat PART 1 DEATH WAS CAUSED BY INMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF STATE 210. ACCIDENT WAS UNDERLYING 191. ACCIDENT WAS UNDERLYING 192. CONTRIBUTING CAUSE OF GRAIN HOUR A.M. Month Doy Yeor 192. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 194. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 195. TIME OF INJURY HOUR A.M. Month Doy Yeor 195. ALL OLD TO TOWN 196. CONTRIBUTING CAUSE OF GRAIN HOUR A.M. Month Doy Yeor 197. ALL OLD TOWN 198. CONTRIBUTING CAUSE OF GRAIN HOUR A.M. Month Doy Yeor 198. ALL OLD TOWN 199. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 190. CONTRIBUTING CAUSE OF GRAIN HOUR A.M. Month Doy Yeor 198. CAUSE OF OPERATION 210. ACCIDENT WAS UNDERLYING 199. CAUSE OF OPERATION 211. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item IB) While CAUSE OF ORATH HOUR A.M. Month Doy Yeor 199. ALL OLG TION Sweet or R.F.D. No. City or Town County While CAUSE OF ORATH HOUR A.M. Month Doy Yeor 199. ALL OLG TION Sweet or R.F.D. No. City or Town County There's Grain Was CAUSED ATTENDING PHYS 220. I certify that (1) (this hospital) ottended, the deceased from Courses stoted above, (1) (we) (document of the permission of the permission of the deceased of the permission of the	/	14. F	ATHER SMAME First JOHN				Lost
		160 Y	WAS DECEASED EVER IN U.S. ARMED (1 yes give word NO.)	nr dettes of sancra)			Owings
	he burial-transit permit. I to burial, crematian, ar ren	N	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)		CONDITION GIVEN IN PART 1(0)	BETWEEN OWSET AND GEATH
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		M		ACE OF INJURY (AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. N	o. City or Yown	County State
			couses stated above,	haspital) ottended the decease re on	d fram 2 - 69.19. Gand that in (my) (our) appool of the death.		fof, that (I) (we) last ite and haur and from the
	iled with		402 ce (E. Larech M	DEGREE PHYS	MED. STAFF *CT	DATE SIGNED
	d be fi		NAME (Type)		B		7, //
		230	BURIA., CREMATION, 23b. DA REMOVAL (Specify) Runtal			Woodlawn Mar	7land
24. FUNERAL DIRECTOR ADDRESS ADDRESS 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE ADDRESS DATE ADDRESS DATE ADDRESS DATE ADDRESS DATE ADDRESS ADDRESS DATE ADDRESS DATE ADDRESS DATE ADDRESS DATE ADDRESS DATE ADDRESS DATE ADDRESS ADDRESS DATE ADDRESS DATE ADDRESS DATE ADDRESS DATE ADDRESS A	LLOI	24.	FUNERAL DIRECTOR			401	



411 4-10-69 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03468 03474 CERTIFICATE OF DEATH Lost 2g DATE OF DEATH 2b. HOUR DECEASED NAME First Middle within 24 hours after death. 50 (Type or print) March Franklin Virginia 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER LYEAR SE UNDER 24 HRS 3. SEX last-birthday) MONTHS [OAYS Female White April 19, 1907 within 72 hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 8 MARRIED F NEVER MARRIED filled in papers. country) Baltimore USA Maryland WIDOWED | DIVORCED | 12g, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR during most of working tife, even if retired.) INDUSTRY Home give street oddress) please remove carban Notcheliff Rd. physicion and campletely Towson 13c CITY OR TOWN ar removal, and in any event, 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER executed odmission) STATE Maryland 1548 S. Hanover St. ₩36. COUNTY YES TY NO 🗔 Baltimore 15 MOTHER S MAIDEN NAME First Middle 14. FATHER'S NAME First M'ddle Last The law requires that the death certificate be Louise Hopkins William E. Worthington 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, ar unknawn) NO 1548 S. Hanover St. Herbert F. Franklin APPROXIMATE HIFRVA 18. CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Primary site unknown - thought to be lung Candetians, if any, which gave) TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as t⊪e burial-transit > shauld be filed with the State Dept af Health priar to burial, cremati rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retoined by the haspital ar attending physician. stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? YES -NO-210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) or contributing CALSE OF DEATH
(If either, notify medical exominer) HOUR A.M. Month Day Year P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. County State 21d. INJURY OCCURRED City or Town While Nat while at work ot work OR ATTENDING 22a. I certify that (1) (this haspital) attended the deceased fram____ 1960Ca. to _1967, and that in (my) (aur) apinian death acturred an the date and haur and from the saw the deceased alive ancauses stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22e, ADDRES 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (Stote) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION, Cedar Hill REMOVAL (Specify) Brooklyn, A. A. Co. Md. Mar. 191 1969 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 130 E. Fort Ave 24. FUNERAL DIRECTOR Mc Cully Ochonia



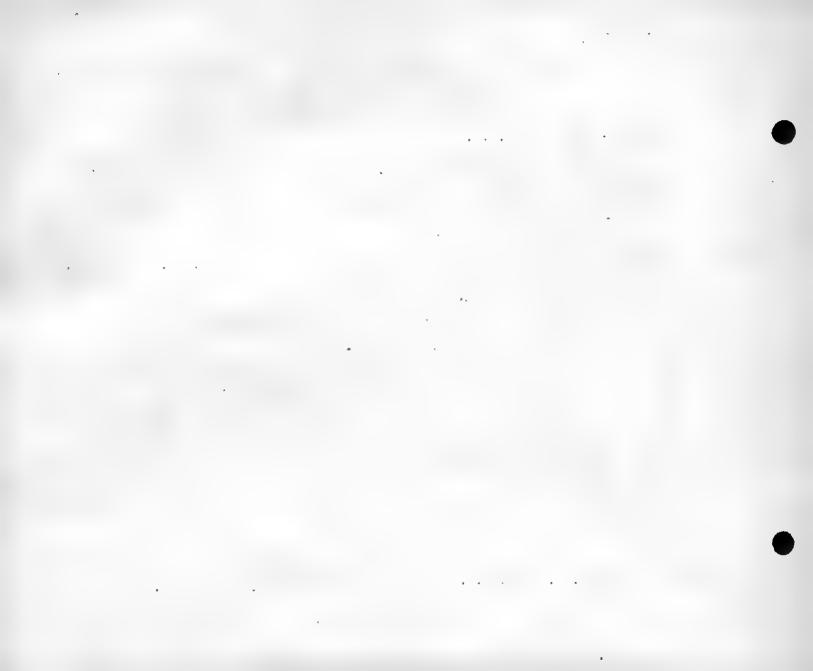
	and the last	1		00177		RECORDS, 301 W. F		ALTIMORE, MARYLAND 2120	00100
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	r lle	1 de	3. SE	" MER	BORT Y	$V_i - F_i$	PCCMAN S. DATE OF BIRTH	3 Month 2	
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	certificate be executed within 24	<u> </u>	16g, Y	WAS DECEASED EVER IN U.S. A es, no or unknown) (If yes er			INFORMANT Rase K. Free!	Addre	"RSCT Rd #28
	a da	Then		1B. CAUSE OF DEATH (Enter			test /tt / /test	1710 25 0 11 7 0 1	APPROXIMATE INTERVAL
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	ne lo tteno as b	prio	CERTIFICATION	190. DATE OF OPERATION 19	% CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20o. AUTOPSY?	CAUCIC OF BUATUR	NGS CONSIDERED IN CERTIFYING
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	Iffice the state of the state o	p T T	MEDICAL	OR CONTRIBUTING CAUSE OF O	DEATH HOUR A.M. Month	Doy Yeor			,
	HYSI hosp	ache ept.		21d INJURY OCCURRED 2	B. PLACE OF INJURY (AT HOME I	FARM STREET FACTORY) 21F L	OCATION Street or R.F.D.	No. City or Town	County State
	교 후 년	det ite D		While Not while of work	files for the second state		Avenue	0.53	10 10 10 1
	Affe	d be e Sto		sow the deceased	alive on Feb 21	he deceased fram 19 <u>69</u> , on	id that in (my) (2015)	9 <u>51</u> . ^{to} <u>March 21</u> opinion deoth occurred on th	, 19 <u>69</u> , that (I) <u>five</u>) last e dote and hour and from the
- 4	TOR:	hour th		causes stated aba	ive, (i) (boos) (did) (didence) view the bady after	death.		
•	OR A	3 s		220 SIGNATURE	do f	G-121-000	REE PHYS	MED STAFF DIRECTOR PHYS	22c DATE SIGNED March 23.1969
	AL o	page file		22d. PHYSICIAN S NAME (Type)				l Mallow Hill Av	
	E 53	od p		NAME (Type)	Keo J. Gar	ver, M.D.		Baltimore Md.	
	× × ×								
	D HOS	direct	230	BURIAL, CREMATION, 231 REMOVAL (Specify)		BE NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
		director, page 3 should be detached far use as the buriol-transit permit. Then please remove corban pagers. Rages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 2 pouts after death	6	BURIAL (Specify) CRIA- FUNERAL DIRECTOR B. Moe Made		Louday PK	CC'H	BAITS. D BY REGISTRAR 25b. REGISTI	(County) (State) HARS SIGNATURE



Western	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
A. Shark	FOR STATE	03476 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if instrution, Residence before admission of the control of the c
	Page Page iles.	BALTIMOSE MARYINAND B. COUNTY.
	Cor. Page Cor. Page Triment of	b, CITY OR TOWN (if outside corporate limits.
	a de la	write RURAL and give nearest town) ESSEX / YR ESSEX
	· 100 100 100 100 100 100 100 100 100 10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	a e e e	924 GARDEN DRIVE 924 GARDEN DRIVE YES NOB
	the funer retained ne State urs after	3. NAME OF DECEASED And Month Day Year OF DECEASED
	0 0 0	(Type of print) Nobert Louis Mriskey DEATH MARCH 10, 1969
		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
	er deal and 3 5 may 1 2 with	MALE WhITE WIDOWED DIVORCED APPIL 2 1913 5571. Months Days Hours Min.
1	₹9,20 D = E	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign sountry)
	T S P S T	TIME REEDER STEEL CO. MARYLAND U.S.H.
-	40.4.4.0	13. FATHER'S NAME
	uld be executed within 2, in pencil in Item 18. Give blines along with form Phurial-transit permit. File p. or removal, and in eny	NOBLE L. FRISKEY DOSEPHINE IT CASSELL
	. <u>¥</u> ∞ o ≒ :-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewarordetesofservice)
	uted with family and in	YES WORLD WARE 214-C1-9801 DOROTHY LANE 5011 HRELERICKA
	in It	18. CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	in pencil in li in pencil in li Office along burial-transit or removal,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) A-S-C-V-WIS-CASE ONSET AND DEATH
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	shou s of ir	Conditions, if any, which (b)
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	"pending" i "pending" i xaminer's O used as a bu cremetion,	eause led. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS
	This cer word " dical Ex uld be u burial,	PERFORMED?
	ER: This won the wood Medica should I r to bur	YES NO [20a, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.)
	SR: 1 The Med Shou	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
	iting hief e 3 prio	
	EXAMINE iste, writing to the Chief And Page 3 sagent, prior	Hour e.m. While Noi While lectory, street, office bldg., etc.)
	DICAL EXAMINITY to the certificate, writing forwarded to the Chief I. DIRECTOR: Page 3 designated agent, prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
	TOTAL Cute the certific se forwarded to be burned to be burned to	death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
	DIC DIC Pard Pard IRE igna	CHIEF MEDICAL EXAMINER
	E SO	ACTUAL ASSISTANT MEDICAL EVAMINED DETT STOWED
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	DEPUTY sase execute should be to the first sigh or its	NAME (Type) // ELY / N 13 , 2 A Y 13
		22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) [5toto]
	Öş4Ö±	BYRIAL 3-13-69 CAKLAWN BALTO. COUNTY Md.
	VR A15MED	23. FUNERAL DIRECTOR Change be runt postDoress to TE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	5M 1/63	Francis W. malles 2101 Hudick Eve. DATMAN I 2 1989 Minutes Judge.
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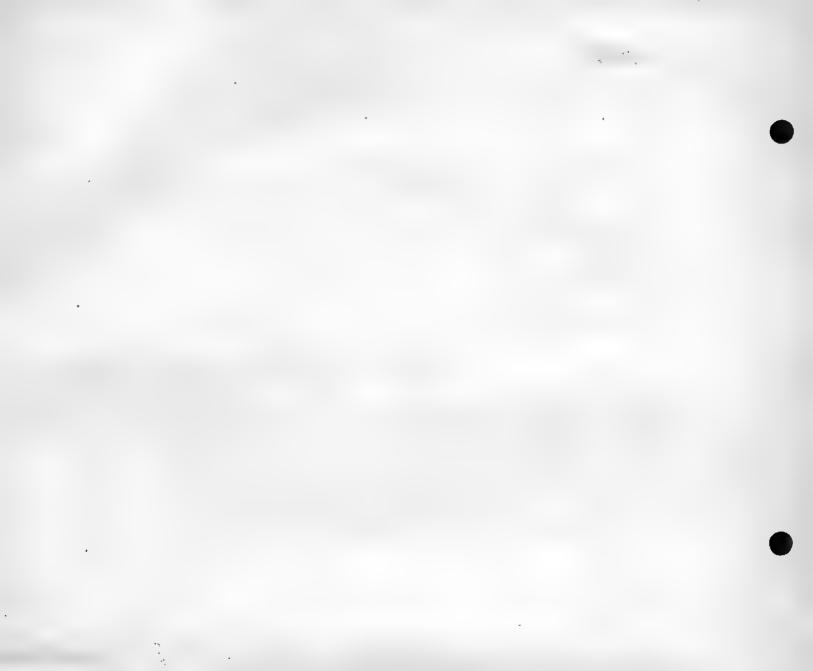
	03477	DIVISION OF VIT	AL RECORDS, 301 W.	E DEPARIMENT OF H PRESTON STREET, BALTI CATE OF DEATH	MORE, MARYLAND 21201	03471
ŀ	. DECEASED-NAME	ırst	Middle	Lost	20. DATE OF DEATH	
	/T., no. no		ERSCHEL	GAINES	MARCH 20,	26 HOJR 11:45PM
3	SEX	4 RACE		S DATE OF BIRTH	6 AGE (In years	F JNDER YEAR IF LINDER 24 HRS
L	MALE	NEC		10/25/16	lost birthday) 52 YR	MONTHS DAYS HOURS MIN
7	o BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT C	j manuale.	AICTER MARKIED	9. COUNTY OF DEATH	<u></u>
-	ORTH CAROLINA	U.S.A.	WIDOWE		BALTIMORE	bM.
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-	4 FATHER'S NAME First	Middle	Las*	IS MOTHER'S MAIDEN NAME FIR	rst Middle	tost
L	JAMES		GAINES		VIRA	GILMORE
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	18. CAUSE OF DEATH (Enter					AFPROX MATE NTERVA. BETWEEN ONSFT AND DEATH
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	Conditions, if any, which go	DUE TO, OR AS A	TRUCTIVE AND	BULBOUS EMPHYS	SEMA	
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	INTERPEN		ER CIRCULATION		· ·	
	190 DATE OF OPERATION 1	9b. CONDITION FOR WHICH O		20o AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
	190 DATE OF OPERATION 1			YES NO 🗗	CAUSES OF DEATH?	
			RY 2%	HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 1	2, Item 18.)
1	(If either, notify medical exc	miner) P.M.	19			
	While Not while			OCATION Street or R.F.D. No.	City or Town	County State
	22a. I certify that (*)	this haspital) attende	d the deceased from_	MAR 13 , 19 6	9 , ta MAR 20 , 1	9 <u>69</u> , that **() (we) last date and haur and fram the
	causes stated abo	ne, (f) (we) (did) (afak	ACH view the body after	death	nan avain accurred on the i	aate and haur and tram the
	22b SIGNATURE	00000	*	ATTENDING ME	D	c DATE SIGNED
		Will		REE PHYS L DIR	RECTOR PHYS.	3/21/69
	22d. PHYS CIAN'S R. D. NAME (Type)	. MIRO, M.D.			HOWARD, MD.	
П	Buria (hacua)	DATE 3-25-69	23c NAME OF CEMETERY O Baltimore Na	crematory tional	23d LOCATION (City or Town) Baltimore, M.	(County) (State)
2	FUNERAL DIRECTOR O. W	'ler	ADDRESS	250 REC'D BY		
L	ELROY O. WILS	on funeral h	OME BALTO,	MD. DAWAR 2	6 1969 Schon	les Judge



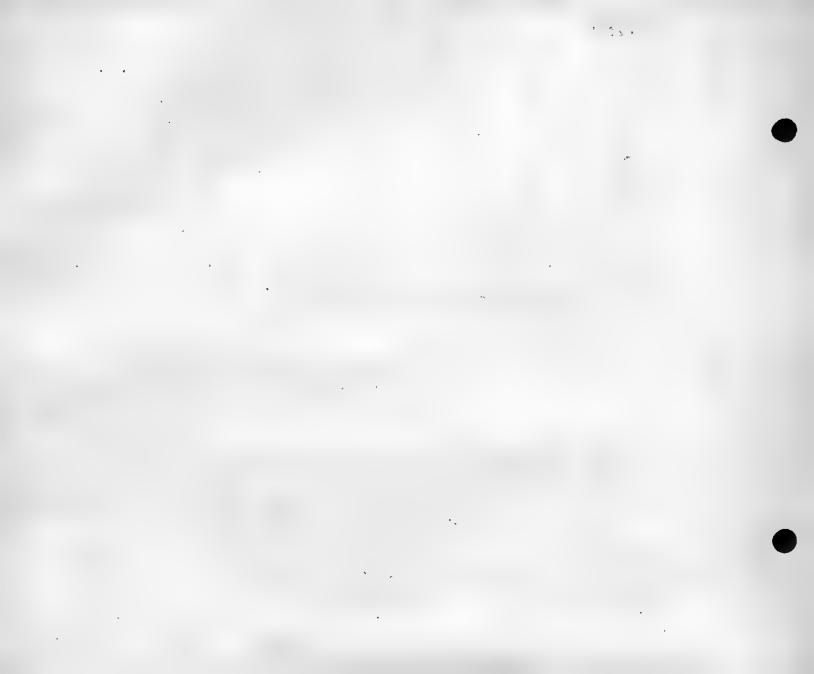
MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03472 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH funeral i i ond 2 ter death. 2b HOUR within 24 hours after death (Type or print) Frederick March Charles Gais 1969 7 P.W 3 SEX 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS 6 AGE (In years FUNDER YEAR July 28, 1902 last birthdoy) Male White 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH popers. Baltimore WIDOWED [DIVORCED TY Baltimore ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (fnot in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ottending physician and completely till permit Then please remove cohoon p give street oddress)
Greater Baltá.Med. Center during most of working life, even if retired) Towson event, 130 USUAL RESIDENCE (Where deceased hyed, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY Link.TS? 13e STREET AND NUMBER requires that the death certificate be executed 736 COUNTY timore Baltimore YES X NO. 3656 Dudley Ave. burial, cremation, or removal, and in any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Meddle Lost Middle Lost John Gais Schrank Anna 160, WAS DECEASED EVER IN U.S. ARMED FORCES? IN U.S. ARMED TO ACES 165 SOCIAL SECURITY NO 17 INFORMANT Addres Mampstead, Md. Yes, no, or unknown) -07-9523 Thresa Macheck, sister, Box 18 APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o) (b) and (c).) PART I DEATH WAS CAUSED BY Septicemia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-tronsit p Conditions, if any, which gave) Bronchopneumonia, lung abscesses & pyelonephritis rise to immediate couse (a), Page 4 moy be retained by the hospital or attending physician. DUE TO. OR AS A CONSEQUENCE OF stating the underlying couse: (d) Carcinoma of colon PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l os the 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? FUNERAL DIRECTOR: After this certificate harinector, page 3 shauld be detached far use YESX NO F director, page 3 shauld be detached far use should be filed with the State Dept. of Health ATTENDING PHYSICIAN: 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INDURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County Stote While Not while at work 22a I certify that (I) (this hospital) attended the deceased from FED. 4 saw the deceased alive an Mar. 29 1009 and that in (1969 to Mar. 29 _, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (H) (we) (did) (did nat) view the bady after death. 22b SIGNATURA 22c. DATE SIGNED STAFF PHYS. Mar. 30, 1969 PHYS DIRECTOR 22d. PHYSICIÁN'S 22e. ADDRESS John E. Adams, M.D. 6701 N. Charles St., Towson, Md. 21204 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION, (County) (Stote) Baltimore, Md. 4/2/69 Holv Redeemer Cem. 2 24 JUNETAL DIRECTOR SCHIMUNEK Funeral Home, ADDRESS. 2Sb/ _REGISTRAR'S, SIGNATURE 3331 Brehms Lane



MARYLAND STATE DEPARTMENT OF HEALTH

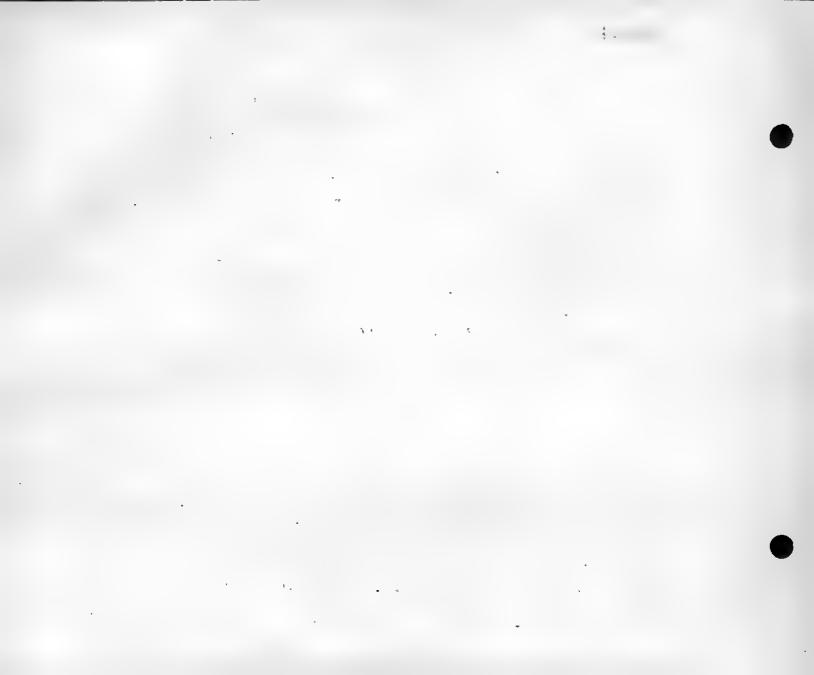


\sim \sim	1	MAKTLANU STATE DEPAKTMENT UP HEALTH	
FOD STATE		03480 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03474
HEAITH DEDT	1 0	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
EALIN DEFI.		Type or Print) WILLIAM DALLAS GERBER 20 DATE KNOWN Month 1 OF ESTI- DEATH MATED AND Middle CFR BER	27 1969 2 A M
500	3 5		2d HOUR
PM3 Page		M 4-24-24 July yrs Months Cars HOLRS MIN Month Month Market Day 27	Yeor 19 69 8 4 5 M
	70	BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF PEATH	1401 V 77 M
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ath age age th fi	10. (CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 1	2b KIND OF BUSINESS OR
a Give Pages 1, 2, clong with farm P with the State Deparement	7	Imohium Ma give street oudress) Dalo Do dring most of working life, even if retired) Ill	ASPhalt Bul
de din min din din din din din din din din din d	130.	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSDECTIVE, MITS? 13e BEREET AND NUMBER	
		mai Timenion 10 30 Desp Dale	Dr 93
Office of the of	.4 6	ATHER'S NAME First Middle Lost 15 MOTHER'S , MAIDEN NAME First , Middle	Lost
hin 24 hours noil in Item 1 niners Office pages Tanda hours offer p		William D. Gongon Sh Minna Maile	
within pencil xaminei ile poge 72 hour		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or detes of service) ADDRESS	
h wut n pe Exan File	-	War 2 Alg 16 4994 Pothicia C. Garbar 301 De	APPROXIMATE NTERVAL
ol iii ii i		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MYCCARDIAL INFARCTION	BETWEEN ONSET AND DEATH
xect Iding Meding perr		14/09 IMMEDIATE CAUSE (a) 11/1/2 CHR OFF	
be execut "pending" iief Medici insit perm	1	Canditians, if any, which gave	
Transport		rise to immediate cause (a), (b) Storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
thou the the urial		last.	
INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examiners Office olong with files. 3 should be used as a burial-transit permit. File pages Tandy with the Stalation, ar removal, and in any event within 72 hours ofter death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica ifing orde al, c	Z	DIABETES MELLITUS AND OBESITY	
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his ote, e fo be	CERTIFICATION		YES NO V
INER: This certificate, writ should be forwar files 3 should be used arion, ar remova	AL O	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then PRIMARY OR CONTRIBUTING HOUR A.M	n (B.)
INER INER show filles 3 sho ation	EDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No City or Town	County State
		WHILE AT WORK	State State
DEPUTY DICAL EXAMINER: This certificate should be executed with secsory, please execute the certificate, writing the word "pending" in performeral director. Page 4 should be forwarded to the Chief Medical Examples be retained for your files FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File salth prior to burial, cremation, ar removal, and in any event within 72.		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
CAL CAL Sed for L		death resulted fram. Natural causes [2], Accident [], Suicide [], Hamicide [], Undetermined manner [
please el director retained DIRECTO or to buy		CHIEF MEDICAL EXAMINER	
rior Let		SIGNATURE 4 / MILEANICAT MEDICAL EXAMINER 226 DATE SI	IGNED
Sory Sory Juneral JER		FYAMINER'S / / DEPUTY MEDICAL EXAMINER	3.77-69
TO DEPUTY necessory, the funeral S may be in TO FUNERAL Health prin		NAME (Type) The ADDRESS (Street city, lawle, drocking the Miles.	
5 = = ~ 5 =	230	BUR AL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (RPMOVAL (Specify) 3-29-69	(Caunty) (Stote)
	2/1-	REMOVAL (Specify) 3-29-69 Coudon Park Froderick Rd 1 -TUNERA, DIRECTOR 250 RECO BY REGISTRAR 1250 REGISTRAR 5 SI	Sc. Ho. Md
VR ATSME (5) A O	1"	Lippel Brown DIOB slain RepailMAR 28 1969 gillians	les Judge.
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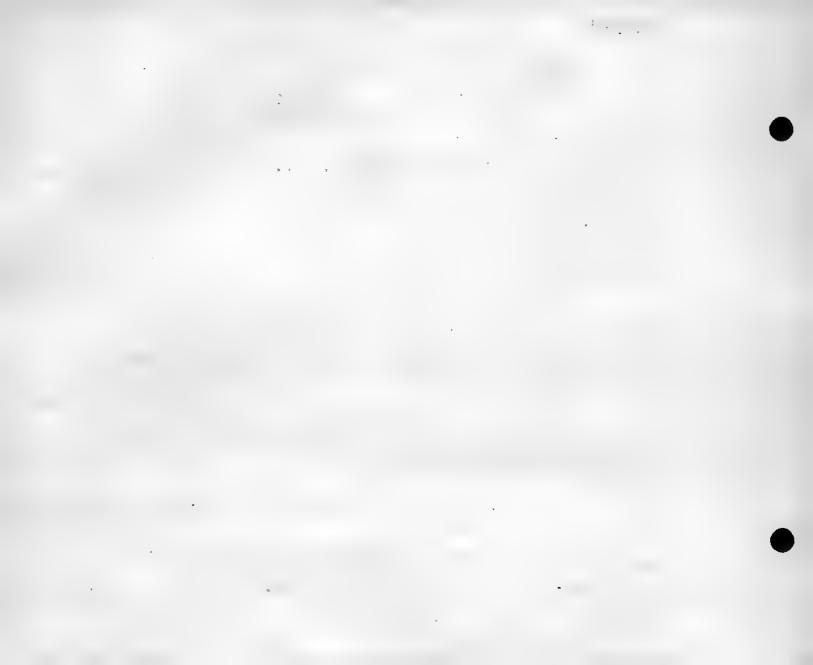


1	03481 DIV	ISION OF VITAL RECORDS, 30 CEI	IT W. PRESTON STREET, BALT RTIFICATE OF DEATH		03475			
death erol pnd 2 Seath.	(Type or print) EDWA	Middle NMN	Lost GETZ	20. DATE OF DEATH 3 Marth 9 Do	26 HOURa 2:40 M			
24 hours after death ed in by the Doerol Poors I pad in 72 hours, when death	S. SEX MALE	CAUCASIAN	S. DATE OF BIRTH	01 6 AGE (In years lost birthday)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS GAYS HOURS MIN.			
in 24 hour. iilled in by papers. (P	To BIRTHPLACE (State or foreign country) in my Land	U.S.A.	VIDOWED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md.			
	O CITY OR TOWN OF DEATH BALTIMORE	11 NAME OF HOSPITAL OR INSTITU give street oddress) GREAT BALT A	UTION (If not in hospital 120 USUs MED CENT during in	AL OCCUPATION (Kind of work done ost of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY			
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sicion and complet please remove tar	4. FATHER'S NAME First Casper	Middle Lost Getz	IS MOTHERS MAIDEN NAME F	rst Middle garet	Boehn			
tificate hysicior n pleos vol, ond	160. WAS DECEASED EVER IN U.S. ARMED FO Yes, no, ar unknown) (If yes give war or date	16b. SOCIAL SECURITY NO. 14-01-5413	17. INFORMANT A Mrs. Mary Get	Address z, 35/1 Voodeing	Av.			
BALTIMORE CREAT BALT MED CENT								
hat the c n. ny the oth onsit per emotion,	Conditions, if only, which gave	DUE TO, OR AS A CONSEQUENCE OF (b) ATERIOSCI DUE TO, OR AS A CONSEQUENCE OF	LEROTIC CARDIO' with AORTIC S'	JASCULAE DISEA	SB			
quires 1 physicio signed t surial-tr ourial, ci	lost. PART 2. OTHER SIGNIFICANT CONDITION	(c) NS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE OR	ONDITION GIVEN IN PART 1(0)				
SICIAN: The law requires that the death certificate be executed within spital or ottending physician. Executed Executed Situation and completely filliple for use os the burial-transit permit Then please remove tarban pose. It of Health prior to burial, cremation, ar removal, and in any event, within the control of the c	190. DATE OF OPERATION 19b. CONDIT	TION FOR WHICH OPERATION WAS PERFO	RMED 20a. AUTOPSY? YES K NO	20b. 1F YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING			
CIAN: Tital or difficate by for use		21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 19		nature of injury in Part 1 or Part 2,	Item 18.)			
SING PHYSICIAN: by the hospital or ffer this certificate be detached for u Stote Dept. of Heal	While T Not while T	OF INJURY (AT HOME FARM, STREET, FACTORY OFFICE BUILDING, ETC			County State			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be tiled with the State Dept. of Health prior to burial, cre	22a. I certify that (I) (this has saw the deceased alive causes stated above, (R)	spital) attended the deceased in 196 (we) (did) (MXXXXXV) with back	from , 19_ 59, and that in (\$\$\$) (aur) ap dy after death.	nian death accurred an the d	ate and haur and fram the			
ALOR AT y be reto L DIRECT oge 3 sh filed with	22b. SIGNATURE Carles C.	Brown, 4 is	DEGREE PHYS.	NED. STAFF STAFF	3-9-69			
TO HOSPITAL OF Poge 4 may be for FUNERAL DIS director, poge should be filed		S C. BROWN ,M.I		NORTH CHARLES				
TO HOSPIT Poge 4 mc TO FUNERA director, I		1 , 1009 Parkwoo	etery or crematory od Cometery	Parkville, LL.	(County) (Stote)			
VR A15 30M REV.	24. FUNERAL DIRECTOR Ultrich l'uner 1 H	ome 4 10 Delair T	DATEMAK	Y REGISTRAR 2Sb REGISTRAR	S SIGNATURE.			

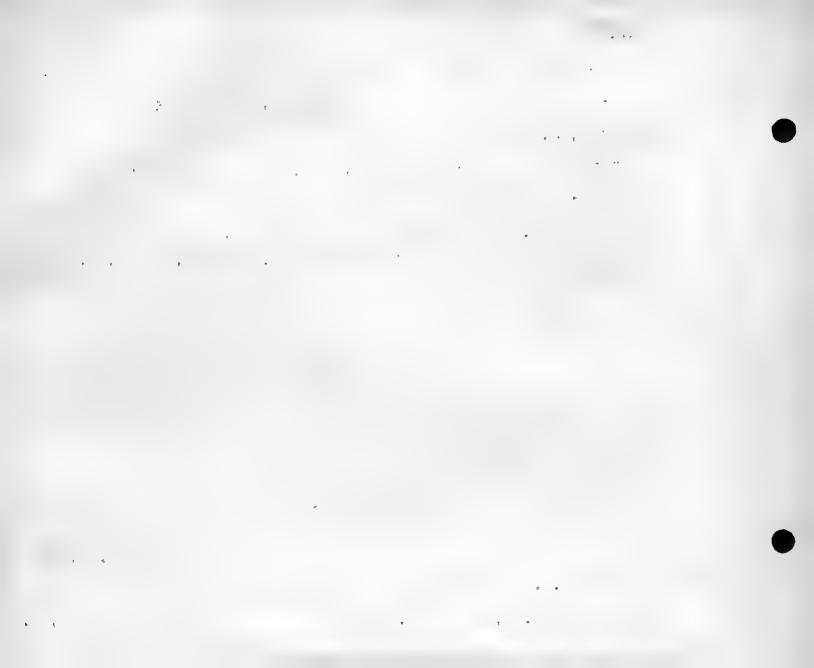
MAKTLAND STATE DEPARTMENT OF HEALTH



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K	1		03482	DIVISION OF VITA		W. PRESTON ST TIFICATE OF		, MARYLAND 21201	03476
	٠٠ ٢ ٢٠		ECEASED-NAME First		M ddle	Lost		ATE OF DEATH	2b. HOUR
	death. neral and 2 death.		Type or print) JULIA	ROSE		GETZEL		Month 8 Do	
	ter fb s 1 fer	3 5	EX	4. RACE		5 DATE OF B	IRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	2 4 2 8 E	L	Female	Caucasi		06-0	9-21	loss-birthdoy] YRS	MONTHS DAYS HOURS MIN
	Man and a sun of	7a	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT CO	DUNTRY? 8 M	ARRIED 🔀 NEVER MAI	KKIEU	ITY OF DEATH	
	rifled R	L	Baltimore	U.S.A.	Wil	DOWED DIVE	RCED 🗍 Ba	ltimore	Mr
	within 2	10	CITY OR TOWN OF DEATH TOWSON	11. NAME 0 g.ve street Grea	HOSPITAL OR INSTITUTE	ON (If not in hospital	during most of w	ATION (Kind of work done orking life, even fretired)	12b. KIND OF BUSINESS OR INDUSTRY a t home
	d v	130	USUAL RESIDENCE (Where decease	d lived funstitution R	esidence before 113c	CITY OR TOWN		13e STREET AND NUMBER	
	executed comple converse conve	odn	ession) STATE Md.	106 COUNTY Bal	timoreBa	ltimore	YES NO 🗆	4600 Eugen	
		14.	FATHER'S NAME First Joseph	Middle	ropolski	IS. MOTHER'S M	A DEN NAME First	Middle	lost
	ond and	160	WAS DECEASED EVER IN U.S. ARM	D FORCES? 16b	SOCIAL SECURITY NO	17 INFORMANT	_ · ·	Address	
	rtific ohysi en pl vval,		WAS DECEASED EVER IN L.S. ARM es, no, or unknown) (11 yes give we	or dates of service) 215-	18-2776	Lawren	ce Getze	l, husband,	
	he death ce attending permit. The fian, ar remo		18. CAUSE OF DEATH (Enter onli	one couse per line for	(o), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	enth endi		PART I DEATH WAS CAUSED IMMEDIA	E CAUSE (a)	Congesti	ve Heart	Failure	with	
	e d attr		, × , ×	DUE TO, OR AS A C	war.				
	the the saft profile		Conditions if any, which gove	(b) P	leural e	ffussion	s-diabete	es mellitus	
	tha Jin. by ran	H	rise to immediate couse (a), (stating the underlying couse(DUE TO, OR AS A C	ONSEQUENCE OF				
	res sició ed al fi al, c		last	(c) Ch	ronic re	nal fail	ure with	renal tuba	.1
	requires that the physician. Signed by the burial transit purial, crematic		PART 2. OTHER SIGNIFICANT CON	OITIONS CONTRIBUTING	O DEATH BUT NOT REL	ATED TO THE TERMINA	LE DISEASE OR CONDITIO	GIVEN IN PART 1(0)	
	law nding been s the iar to	<u>~</u>	10. Days of Opparion 101 5	OUDIT ON FOR WHICH OF	CD 17101111111111111111111111111111111111				
	uctan: The law reputal or attending that are the law been at far use as the of Health prior to	CERTIFICATION	190 DATE OF OPERATION 196. C	ONDITION FOR WHICH OF	ERATION WAS PERFORN	IED 200. AUTO		20b. 1F YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	ar ar eall		210. ACCIDENT WAS UNDERLYING			21r HOW INJURY OC	CURRED (Enter noture	of injury in Port 1 or Port 2,	Item 18.)
	CIA 是是是是 是是	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mor	nth Doy Year 19				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial traishould be filed with the State Dept. af Health priar to burial, cre	ME		LACE OF INJURY (AT HO		21f. LOCATION Street	et or R.F.D. No	City or Town	County State
	ING by the ter tate		22o. I certify that XI) (this	hospital) attended	the deceosed from	m3/6	. 19 69 1	0 3/8 19	69 , that (4) (we) los
	N A P A P A P A P A P A P A P A P A P A		22o. I certify that 20) (this saw the deceased of	ve on 3/8	19 6	9, and that in (M	科 (our) opinion de	oth occurred on the de	ote and hour and from the
	A Page		couses stoted oboye,	(I) (we) (d;d) (stigk)	াবা) view the body	ofter deoth.			
	R A A ret		22b SIGNATURE	. 1/1	20.	Mann ATTENDI	NG MED DIRECTOR	STAFF #1251 "	DATE SIGNED
	o d o po		22d PHYS CIAN S	CC / 17	man,	DEGREE PHYS	DIRECTOR	LJ SHAZ	1001
	TO HOSPITAL OR ATTENIED Poge 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the			orge Pik	ler	1	1 N.Char	les St.	21204
	UNE UNE Sector	23n	BUR AL, CREMATION, 23b. D		23c NAME OF CEMET			OCATION (City or Town)	(County) (State)
	Pog of a dark		A STATE OF THE STA	/12/69		d Cemete	\$	altimore. M	1 11
	140	24	SHILEDA , DIDECTOR		ADDRECS	- 000000	2So REC'D BY REGIST	RAR 256 REG STRAR'S	
	45M 1X 9	1	3331 Bre	eral Home	e, Inc.		DAMAR 13	1969 Clien	las Judge.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03477 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20 DATE OF DEATH within 2+ nours ofter death. 2b HOUR (Type or print) 6:35m MAHALA GLACKIN MMN 3 69 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (1 years IF UNDER YEAR IF UNDER 24 HRS campletely filled in by the MONTHS I DAYS June 24,1893 FEMA LE CAII the ottending physicion oad compressy Pag 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Pylesville, Md. USA WIDOWED T DIVORCED [BALTIMORE 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR BALTIMORE IND_STRY BALTO MED 13a USUAL RES DENCE (Where deceased lived) if institution. Residence before 13c CITY OR TOWN 13rl INSIGE CITY LIM TS? 13e STREET AND NUMBER the law requires that the death certificate be executed admission) STATE Md. 13) COUNHarford Street NOTE YES 🗔 14 FATHER'S NAME M.ddte IS MOTHER'S MAIDEN NAME First tast Middle Last John S. McAllister Flaharty Laura 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) (It yes give war or dates of service) 213-38-9157 State Dept. of Heolth prior to buriol, cremation, or removol, Martin L. Glackin, Street. Md. 21154 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY HETWEEN ONSET AND GEATH signed by the ottendin burial-tronsit permit. CEREBRAL EDEMA WITH CEREBRALINFARCTS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any which gave) BRANN TUMOR (GLIOBLASTOMA MULTI FORME) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been for use os the 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🖂 210 ACCIDENT WAS UNDERLYING 216 TIME OF INHERY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year be detoched (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Nat while 22a. I certify that (1) (this haspital) attended the deceased from. 3/13 , and that in (my) (aur) apinian death accurred on the date and haur and from the director, page 3 should should be filed with the 22b. SIGNATURE 22c DATE SIGNED ATTENDING Mar. 16, 1969 PHYS DIRECTOR 22d PHYSICIAN S 22e ADDRESS NAME (Type) DR.R.BREITENECKER Greater Baltimore Medical Center 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BY MOWAL (Secrety) Mar. 19.1969 St. Mary's Pylesville, Harford, Md. FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR 25b REGISTRAR S S. GNATURE



11_	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA								001	W. o.	
- 1			40303	CERTIFICATE OF DEATH						03478	
	death.	1	DECEASED NAME (Type or print) GEOI	GE W. GLE	Middle ENDENNING	Last		DATE OF DEATH Arch Manth 15,00	1969'ear	2b HOUR	
	a Profit	3	Male Male	4. RACE Whi	te	S. DATE OF B	IRTH 22, 1898	6. AGE (In years last birthday)	IF UNDER 3 YEAR MONTHS DAYS		
	hour in by rs. P		a BIRTHPLACE (State ar fareign auntry)	76 CITIZEN OF WHAT C	OUNTRY?	8- Married 📉 Never Mar	RRIED 9 COL	UNITY OF DEATH			
	led led in 77	1	Maryland O CITY OR TOWN OF DEATH	U.S.A.	OF HOCEITA OF INCT	Tution (If not in haspito)		ltimore		Md	
	withir fil bon p withi		Catonsville	Shan	oddress) La N	ursing Home		UPATION (Kind of work done working life, even if retired.) Runner	126 KIND O INDUSTRY Bank	F BUSINESS OR	
	cor	1	Bo. USUAL RESIDENCE (Where decendronse on) STATE Mary La	ised I ved, if institution.	Res dence befare	13c, C TY OR TOWN	13d. INSIDE CITY EIMITS?	13e STREET AND NUMBER			
				nd Arun	de1	Pasa dena	YES NO	715 Pasadena	Road	21122	
		, P	4. FATHER'S NAME First	M≀ddle	Last	15 MOTHER S MA	A-DEN NAME First	Middle		Lost	
	ase be			lendenning			Elizabeth	Smith			
	sició plec		60 WAS DECEASED EVER IN U.S. AI Yes, na, ar unknawn) (If yes give	MED FORCES? 16b	SOCIAL SECURITY NO			Address		21122	
	ph)	-				Mrs. Vic	ola A. Gle	ndenning, 715	Pasade	ena Rd.	
	th c		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause per line far	r (a), (b), and (ε).)				BETWEEN	DNSET AND DEATH	
	dea tend mit		111 9 1/ IMMED	IATE CAUSE (0))			120	00	
	he at per		Canditions, if any, which gave	DUE TO, OR AS A (CONSEQUENCE OF						
	at in the state of		nse ta immediate cause (a),	(b)							
	N: The law requires the ar attending physician. In the has been signed by I use as the burial-trains safth prior to burial, cre		stating the underlying cause last.	DUE TO, OR AS A (CONSEQUENCE OF						
	requi phy sign buri buri		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDITI	ON GIVEN IN PART 1(a)			
	AN: The law re all ar attending ficate has been far use as the Health priar ta		190 DATE OF OPERATION 1196	CONDITION FOR WHICH O	AFD 631 ON MAC DODE	OD HITC	DOM:	Ind. 15 W Top chaptures			
	tten tten tas l as pring	\mathcal{A}	190 DATE OF OPERATION 196	CONDITION FOR WHICH O	PERAIIUN WAS PERF			20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN	CERTIFYING	
	te ha use use alth g	^X [8	21a. ACCIDENT WAS UNDERLY	NG 216 TIME OF INJU	IDA	YES T		e of injury in Part 1 or Part 2,	lean 103		
	portal a spiral a crifficate ad far af Hea		DR CONTRIBUTING CAUSE OF DE.	TH HOUR A.M. Ho iner) P.M.	onth Day Year 19			e or injury in Part I ar Part 2,	item: 18 j		
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours be retained by the haspital ar attending physician. JIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by 18 shauld be detached for use as the burial-transit permit. Then please remays carbon papers. Posed with the State Dept. af Health prior to burial, crematian, ar remayal, and in any event, within 72 hours		21a. INJURY OCCURRED 21e While Not while at work	PLACE OF INJURY (AT HO	DATE, FARM, STREET, FACID E BUILDING, EYC.	RY,) 21f LOCATION Stree	et ar R.F.D. Na.	City or Tawn	County	State	
	DING by 11 fifter fifter be d		22a. I certify that (I) (t	is haspital) attende	d the deceased	from Jan	19.5	to 3/15 19	69 tha	t (I) (we) last	
	OR ATTEND be retained to DIRECTOR: Af DIRECTOR: Af DIRECT		22a. I certify that (1) (the saw the deceased causes stated above	ılıve an <u>'</u> e, (l) (we) (did) (did	nat) view the bo	67, and that in (midy after death.	y) (aur) apinian i	death accurred on the do	te and havi	and from the	
	A SECTOR SERVICES		22b. SIGNATURE				100		DATE SIGNED		
_	OR be DIRI ed y			Low	2	DEGREE PHYS	IG A DIRECTO	R PHYS			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR. After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta		22d. PHYSICIANS NAME (Type) Dr.	John C. Por	und	22e. ADDI 33	25 Freder	ick Avenue, Ba	ilto.,	Md. 2122	
	HOS ge 4 FUN ectr	2:	Bo BURIAL, CREMATION, 23b	DATE	23c NAME OF CE	METERY OR CREMATORY		LOCATION (City or Town)	(Caunty)	(State)	
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		REMOVAL (Specify) RURTAT. FUNERAL DIRECTOR	3-19-1969	Western	n Cemetery		altimore, Mar		, /	
	VR A15 (2)		FUNERA DIRECTOR oward H. Hubbar	d, 4107 Wil	ADDRESS kens Ave	. 21229	25 A RACO BY RIGH	1969 25b REGISTRARS	SIGNATURE	ar.	
		``\ <u>L</u>					DATE		0 0		



MARYLAND STATE DEPARTMENT OF HEALTH



1 4		03486	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI ERTIFICATE OF DEATH		03480
er deoth. Unneral I and 2 er death.		ECEASED NAME First	W. Grant	Lost	2g. DATE OF DEATH 3/8/Glanth Doy	Yeor 7:00 P M
ours after deoth	3 5	Male	4 RACE White	s. date of birth 12/9/83	6. AGE (In years last birthday) 85 YRS.	IF UNDER YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MEN
24 hour	COR	Maryland	U.D.A.	WIDOWED K DIVORCED	9. COUNTY OF DEATH Baltimore	Md
within within the policy of th		Catonsville	11. NAME OF HOSPITAL OR INS give street address Nook	Nursing Home during mo	I OCCUPATION (Kind of work dane ast of warking life, even if retired) Dank	126 KIND OF BUS.NESS OR INDUSTRY bank
xecuted v complete nove carl	odm	ISSIGN) STATE Md FATHER'S NAME First	LIGHT COUNTY	Catonsville YES NO	😿 6148 Regent P	
be e. on ond on ond in on		Charles W. Grant		Virginia	Lee	Last
prificate be execut physician and com en pleose remove oval, and in ony ev		WAS DECEASED EVER IN U.S. ARMED (es, no orunknawn) (If yes give word 110	D FORCES? 16b. SOCIAL SECURITY N 215-10-21		ance, 6148 Regent	
OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed be retained by the hospital or attending physician. JIRECTOR: After this certificate hos been signed by the attending physician and complete 3 should be detached for use as the burial-transit permit. Then please remove cared with the State Dept. of Health prior to burial, cremation, or removal, and in any event	2	Conditions, fony/which gave tise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b)	rebovor on la College or College	Desident. Denomination GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN ONCY AND DEATH I day Sight
The low r attendii hos ber use as the	CERTIFICATION		NDITION FOR WHICH OPERATION WAS PER	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
SICIAN: spital or entificate end for it. of Heo	MEDICAL CO	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner 21d INJURY OCCURRED 21e PL	21b TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		noture of injury in Port 1 or Port 2, I	
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and co director, page 3 should be detached for use as the burial-transit permit. Then please remos should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		at work at work 22a I certify that (I) (this saw the deceosed oliv causes stoted above, (22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Dr. Mc E	haspital) attended the decease e on Marie 7 19 (we) (did) (did not) view the b	DEGREE PHYS DI	7 to Mark 199 nion deoth occurred on the do FD STAFF 22c to RECTOR PHYS	Caunty State GY, that (I) (we) last te and hour and from the DATE SIGNED 3 - 11-69
Page 70 Fundirect direct	23o B	BURIAL CREMATION, 23b DAT REMOVAL (Specify)		emetery or crematory Park Cemetery	23d .OCATION (Cty or Town) Baltimore, "tary	(County) (State)
VR A 5 1 45M	24. Ni	funeral director tzke, 4101 Edmoi	ndson Ave., ADDES		REGISTRAR 2Sb. REGISTRAR S	



	0348	7		OF VITAL RECORD					CERTIFICATE OF DEATH				
	ASED-NAME or print)	First		Middle THOL. S		Lost GR'.Y		20. DATE OF		oy196岁 ^{or}	2b. HOUR 6:15.*M.		
3. SEX	N		4. RACE	06.11		5. DATE OF BIR		2000	6. AGE (In years last birthday)	MONTHS DAYS			
7 ₀ 010	IIale THPLACE (State of		Tab CITIZEN O	White	g		er 12,	TOOR					
country	lto., K	d. •		S.A.	WIDOWED	NEVER MARK	CED 7.	COUNTER	Baltimor	Θ	Md		
10. GTY	or town of t ldle Ri	eath ver	/ !	ii. NAME OF HOSPITAL OR give street address)	Hursin	at in haspital g Home	12a USUAL during mast	OCCUPATION of working	(Kind of work dane life, even if retired COO	126 KIND O INDUSTRY Pai	nter		
13a. US admissi	UAL RESIDENCE : an) STATE	Where deced	sed lives, if in	stitution: Residence before TY	Balti		3d. INSIDE CITY JANT YES MO	IS? 13e. 5T	REET AND NUMBER	t.#2122	24.		
14. FAT	HER'S NAME	First	Midd	lle Las	1	S. MOTHER S MA	IDEN NAME Firs		Middle		Lost		
		alter		Gray				Unkr					
	AS DECEASED EV no. ar unknawn		MED FORCES? war or dates of service	16b SOCIAL SECURI		nformant	Grav	: 319	Address N. Robi	naon St	- 421224		
16		ATH (Enter a	nly one couse o			A BANK AND AL			214 21002	I APPRO	XIMATE INTERVAL ONSET AND DEATH		
	PART I. DEAT	H WAS CAUSE	D BY IATE CAUSE (a)	er line for (a), (b), and	c ar	ust_				37.742.74	WALL AND DEATH		
	4/13		DUE TO,	OR AS A CONSEQUENCE		1.1	1						
Co ris	ırditians, if any se ta immediat	, which gave e cause (a).	(D).	Corcon		Have	$\mathcal{K} = \mathcal{L}$)13e2	nc				
st la	ating the unde	rlying couse	DUE TO,	OR AS A CONSEQUENCE	OF	- FU.							
-	-	GNIFICANT CO	NDITIONS CONT	RIBUTING TO DEATH BU	I NOT RELATED T	O THE TERMINAL	DISEASE OR COM	NDITION GIVE	N IN PART 1(g)				
l i			-										
E 19	DATE OF OPER	ATION 19b	CONDITION FO	R WHICH OPERATION WAS	PERFORMED	20a. AUTOF		20b. IF	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING		
CERTIFICATION	. 100100000	AC HAIRPALL	NO Inc.	AR OF HUNO'		YES 🗀	NO 🗌						
	a ACCIDENT W Jor contributing either, natify i	CYNZE OL DEN	TH HOUR		eor	OW INJURY OCCU	JRKED (Enter n	nature at inju	ry in Part I ar Part :	?, Item 18.)			
₹ 2	1d. INJURY OCCU	RRED 21e	PLACE OF INJU	P.M JRY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	19 21f	OCATION Street	ar R.F.D. Na.	Eitv	ar Tawn	County	State		
V at	thile Not will wark at wa	rk 🗆		OFFICE BUILDING, ETC.	/			- 1/					
2	20 L certify	that (f) (t)	nis haspital)	attended the dece	osed from	dah arti t		, ta		9, the	at (i) (we) last		
	saw the	deceased (ated abav	olive an e. (I) (we) (c	did) (did nat) view t	IY, an he bady after	a that in (m) death.	/) (our) opini	an death (accurred an the	date and hou	r and from the		
Ž	b. SIGNATURE			_ N	N	ATTENDIN	G V MEI) –	STAFE 22	DATE SIGNED	-		
			5.76	111	U), DEG	REE PHYS.		ECTOR	STAFF PHYS.	3/17/	63		
27	NAME (Type)	S.	MUEL	SAMRIN			dge Rd	-	lto. Co.,				
23a. B R	JRIAL, CREMAT C		DATE arch 1	9,1909 S	of cemetery of acred H	CREMATORY	emetery	23d LOCATIO 7 7401	ON (City or Town) German I	III Rd	.,Ba.Co.		
				6224 Dadwe			25a. PEGD-8Y1		18448 8				



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03482 CERTIFICATE OF DEATH DECEASED-NAME First Middle deoth Lost 20. DATE OF DEATH 2b. HOUR Month 30 ond Funerol 3 (Type or print) 24 hours after deat John Leas Green 4 RACE 3 SEX S. DATE OF BIRTH 6 AGE (In years F JNOER I YEAR IF UNDER 24 HRS last birthday) April 23,1895 7a, BIRTHPLACE (State ar fareign 9 COUNTY OF DEATH 8. MARRIED DC NEVER MARRIED USA WIDOWED DIVORCED [and in ony event, within 10 CITY OR TOWN OF DEATH Is NAME OF HOSPITAL OR INSTITUTION (If not in hospital executed within 12g. JSUAL OCCUPATION 126 KIND OF BUSINESS OR please remove carbon ng most of work ng life, even if retired) Retired 13a USUAL RESIDENCE (Where deceased lived if institution: 13d INSIDE CITY JAMITS? 1925 AN All tavue 136 COUNTY Catonsvill 14 FATHERS NAME Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last cate be Alonzo Leas Green Anna 16g. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Altavue Rd. attending physh permit. Then ple Yes, no. or unknown) (If yes give wor or dates of service) director, page 3 should be detached for use as the buriot-transit permit. Then pleaballed be filed with the State Dept. of Health prior to burial, cremation, or removol, 219-34-4186 Mrs. J. Leas Green. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH signed by the attending buriol-transit permit. DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave I rise to immediate cause (a). be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO Z 21a ACCIDENT WAS INDERLYING 215. TIME OF INJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC 21e. PLACE OF INJURY 21! LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a I certify that (1) (this haspital) attended the deceased fram_ and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_____ 19 causes stated abave, (i) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22d: PHYSICIAN'S 22e ADDRESS NAME (Type) 23b. DATE 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Liberty Cemetery Parksley. Virginia 969 ADDRESS FUNERAL DIRECTOR 250 RECD BY REGISTRAR 256 REGISTRAR S SIGNATURE Witzke Funeral Home LIOI Edmondson Ave.



1	*	DIVISION O	MAKTLAN E VITAL DECODOS	O STATE DEPAK	IMENI OF HEALIN	MADVIAND DADA	
	03489	DIAISION O		CERTIFICATE O	STREET, BALTIMORE,	MAKYLAND 21201	03483
ŀ	1 DECEASED NAME Fir	st	Middle	Lost		TE OF DEATH	2b. HOUR
1	(Type or print) Wi	lliam	2/4	GRISE	INWOOD	Month 3 Do	
F	3. SEX	4 RACE		S. DATE O	F BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 MRS
	Male		ite	Oc	t. 22, 1928	last (birthday) YRS	MONTHS DAYS HOURS MIN
	7a. BIRTHPLACE (State or foreign country)	76. CITIZEN OF V		B MARRIED NEVER		Y OF DEATH	
ŀ	Maryland O CITY OR TOWN OF DEATH	U.S.		WIDOWED D D		altimore	N
3	Owings Mil	lls / Ro	street oddress) sta	te Hospital	during most of war	T ON (Kind of wark done king life, even if retired)	
4	3a USUA: RES DENCE (Where dece admiss on) STATE Marylai	osed 1 yed, if institu a.d. /3b COUNTY	t on Residence before	13c city or town Baltimor	YES NO NO	e STREET AND NUMBER 1203 Brisco	e St.,
	14 FATHER'S NAME First John	Middle	lost GREEN		MA DEN NAME First Elsie	Middle	FOREMAN
	I6a WAS DECEASED EVER IN U.S. A Yes, na, ar unknown) (If yes grv	RMED FORCES? e wor or dates at service)	16b SOCIAL SECURITY		ood Records,	Owings Mil	ls, Md. 21117
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	only and couse per	line for (y) (b) and (c))	0.00		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	IMMES	DIATE CAUSE (a)	Fneu	wone	- Bilate	ral	8/6/69-3-12/6
	Conditions, if any, which gave	DUE TO, OR	AS A CONSEQUENCE OF				
	rise to immediate couse (o) stating the underlying cause	(0)	AS A CONSEQUENCE OF	Et/		-	
	lost	(c)					
1	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)	
H	5 mentel	rebud	ation - h	ierocepha	ly-idiol		
2	190 DATE OF OPERATION 191	CONDIT ON FOR W	HICH OPERATION WAS PE		e.	Ob. IF YES, WERE FINDINGS NUSES OF DEATH?	CONS DERED IN CERTIFYING
1	E 210. ACCIDENT WAS UNDERLY	ING 215 TIME (DE INJURY	21c HOW INJURY	OCCURRED (Enter noture of	Inverse in Dark 3 or Park 9	Itom ID)
1	Tor CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.			OCCORNED (LINE) HORS OF	menty in run 1 on run 2,	sign sp.t
ı	While Nat while	e. PLACE OF INJURY	(AT HOME, FARM, STREET FA	TORY.) 21f LOCATION S		City ar Tawn	County State
l	22a. I certify that (I) (t	his haspital) at	tended the decease	ed from 6/24	, 19. <u>55</u> , to	3/12 19	69 , that (I) (we) In
1	saw the deceased	alive an	(did not) view the	9 69, and that in the	(my) (our) apinion dec	ith occurred on the d	9 69 , tho <u>t (I)</u> (we) la lote and hour ond from th
ı	22b SIGNATURE	10, (1) (we) (did	(did fidi) view file				DATE SIGNED
	Eastiban	V. Du	_	DEGREE PHYS.	IDING MED DIRECTOR	- CTAFF	3/13/69
	22d PHYSICIANS NAME (Type) Est	eban Di z	, ri.D.	22e A	DORESS	1	1
7	3g BUR AL CREMATION, 23b	DATE	23c NAME OF	CEMETERY OR CREMATORY	23d_L00	TATION (City or Town)	(County) (State)
-	12 met	3/15/196	9 Chores	Ton C. Gan	etern, The	coul too, he	of acres, his.
Q	FUNERAL DIRECTOR	Son In	901 Har	uns de Bak	250 REC'D BY REGISTRA		
Y	1	- 478	101 stre	and it is the	DARWINIT 14	1969 William	Clay Canton





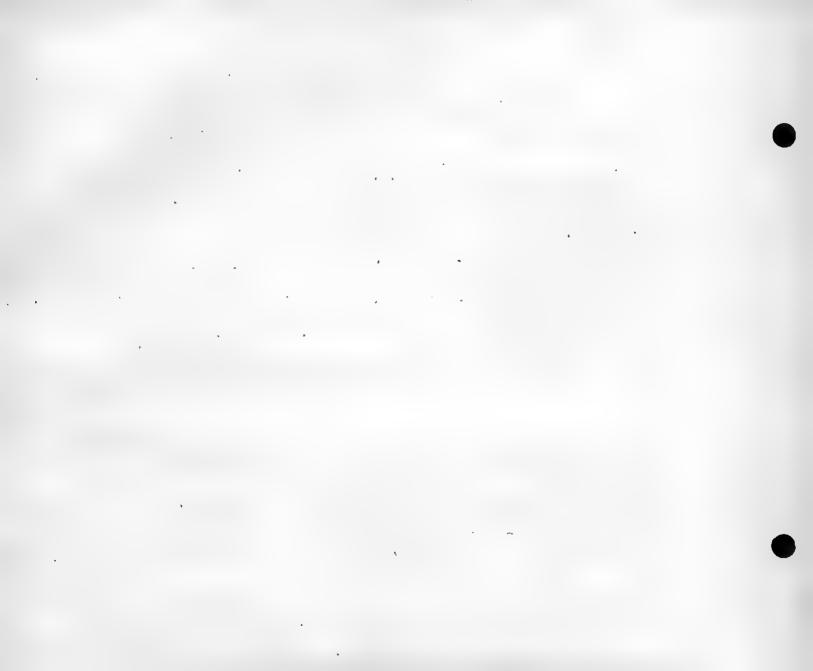
- without the	1		MARYLAND STATE DEPARTMENT OF HEALTH	
1		03491	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	03485
IRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral as should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ad with the State Dept. of Health priar to burial, cremotian, or remavol, and in any event, within 72 hours effect death.	1 D	ECEASED-NAME First Type or pnnt) HEHR	Frederick Last 2a DATE OF DEATH	1796 9 ^{Year} 2b. HOUR
The last of the la	3. S	MALE	4 RACE S DATE OF BIRTH (U) / 1/2 11 - 29 - 84 6. AGE (In years lost burthday) YRS.	IF UNDER 1 YEAR SE LINDER 24 HRS MONTHS DAVS MOURS MIN
papers. P	7o cau	BIRTHPLACE (State or foreign N.Y.	75. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDDWED _ DIVDRCED SOLTO.	Md
carbon paper ent, within 72	10.	CUSON	11. NAME OF HOSPITALOR INSTITUTION (If not in hospital give street address) 12. USUAL OCCUPATION (Kind of work done give street address) 12. USUAL OCCUPATION (Kind of work done give street address) 12. USUAL OCCUPATION (Kind of work done give street address) 12. USUAL OCCUPATION (Kind of work done give street address) 12. USUAL OCCUPATION (Kind of work done give street address) 13. USUAL OCCUPATION (Kind of work done give street address) 14. USUAL OCCUPATION (Kind of work done give street address) 15. USUAL OCCUPATION (Kind of work done give street address) 16. USUAL OCCUPATION (Kind of work done give street address) 17. USUAL OCCUPATION (Kind of work done give street address)	12b, KIND OF BUS NESS OR INDUSTRY Gas & Deer Elec.Co
ev ev	13a adm	USUAL RESIDENCE (Where deceases on) STATE	ed Lyed, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY UNITS? 13e. STREET AND NUMBER 18b COUNTY 18 YES NO 1607 Rolling	reth RC.
4	14.	FATHER'S NAME First	Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
		WAS DECEASED EVER IN U.S. ARN es, na, or unknown) (1 yes give w	IED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address 17 INFORMANT Address 18	21213 esterfield A
X X X X X X X X X X X X X X X X X X X		PART DEATH WAS CAUSED IMMEDIA Canditions if any, which gave rise to immediate cause (a) stating the underlying cause last.	OUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE NITERVAL BETWEEN OWSET AND DEATH OWKS
Χ	CERTIFICATION		DNDITION FOR WHICH DPERATION WAS PERFORMED 200. AUTO PSY? YES NO CAUSES OF DEATH?	CDNSIDERED IN CERTIFYING
	MEDICAL CES	210 ACCIDENT WAS UNDERLYIN OR CONTR BUTING CAJSE OF DEATH	HOUR AM Month Doy Yeor er) P.M. 19	Item 18.)
	*	White Not while at work	PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No (ity or Town	County Stote
/	-	220. I certify that (I) (the saw the deceased al	s hospital) attended the deceased from 19 5 to	ote and hour and from the
Shoul	23a	BUR AL, CREMAT ON, 23b E REMOVAL EDGUT) 3/2	ATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) Parkwood Cemetery Baltimore, M	(Caunty) (State)
W.	24.	funeral director Schimunek Fui	ADDRESS 250 REGISTRAR 25b REGISTRAR	

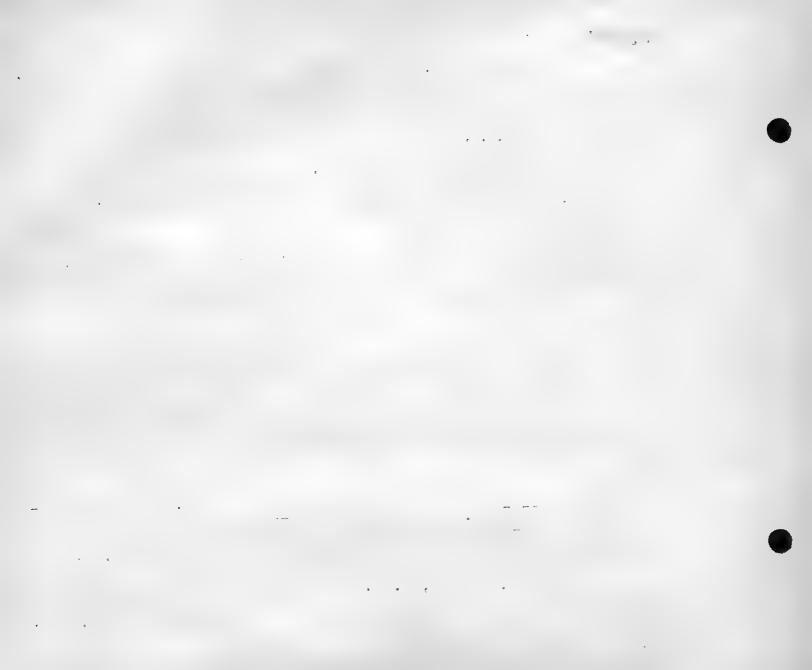


MARYLAND STATE DEPARTMENT OF HEALTH 03486 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03492 CERTIFICATE OF DEATH 2b. HOUR A DECEASED-NAME First Middle lost 2o. DATE OF DEATH death. requires that the death certificate be executed within 24 hours after death funeral (Type or print) March 24, 1969 Ida G. Gross **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician apd campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please female carbon papers. Pages I should be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any everyt, within 72 haurs after 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR JE UNDER 24 HRS. last birthdoy) 10-6-1876 Female Caucasian 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland U.S.A. Baltimore DIVORCED [WIDOWED IX 12a BSUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 32b KIND OF BUSINESS OR during most of working life, even if retired)
Dressmaker INDUSTRY Towson Manor Nursing Dress 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Maryland Pab. COUNTY YES NO 602 E. 35th Street Baltimore Middle 14. FATHER'S NAME First 15 MOTHER'S MAIDEN NAME First Lost Lost Thomas Chenworth Ellen Cook 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 249 Stanmore Rd. 21212 220-07-9741A Francis D. Gross 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arterioscleratic cardiovascular disease BETWEEN ONSET AND DEATH yrs. DUE TO, OR AS A CONSEQUENCE OF (b) Gangrene left leg due to thrombosis of Conditions, if only, which gave) 4 days rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF femoral artery Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES -NO X 21a. ACCIDENT WAS UNDERLYING 2)c HOW INJURY OCCURRED (Enter nature of injury in Part) or Part 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, notify medical examiner) P.M 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street at R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at wark 220. I certify that (I) (this hespital) attended the deceased from Farch 1959, to Mar. 241, 1959, that (I) (we) last saw the deceased glive on Narch 23, 1959, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED STAFF PHYS. **ATTENDING** March 25, 1969 PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Lloyd E. Saylor 3902 Greenmount Avenue 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Baltimore, Maryland 3-26-1969 Moreland Memorial Park 2 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson 1050 York Rd. 21204





, 1	MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 78.05		TE OF DEATH 03488
death. funeral and 2 r death.	1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Do 7 to moreo
after the 1 ges 1 after	Baltimore MARYLAND	Md. parrimore
Page Irs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale
houn hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddres	s) d. STREET ADDRESS e. IS RESIDENCE
n 24 h y filled papers hin 72	1606 Rosedale Heights Ave.	1606 Rosedale Heights Ave. ON A FARM?
within holetely carbon put, within	(v) po or print)	RUNER SR. OF Month Day Year DEATH March 20 1969
executed was and completed completed and completed care named any event.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min. 62 yrs.
_ EE	during most of working life, even if retired) Aircraft Mechanic Martin's	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Violet, La.
certificat ding phy Then p removal,	13. FATHER'S NAME Henry Gruner	14. MOTHER'S MAIDEN NAME Marie (unknown)
that the death certific sician. ned by the attending p sitransit permit. Then ai, cremation, or remov	(Yes, no. or unknown) I (If yes give war or dates of service)	Address Aary Robinson Gruner, wife, a bove
the per	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c),]	1 0 0 1 INTERVAL SETWEEN
at the ian. d by transit crems	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	pearlial Infarction Sudden
The law requires that the death certificate be or attending physician. (cate has been signed by the attending physicial ruse as the burial-transit permit. Then please eafth prior to burial, cremation, or removal, and	Conditions, if eny, which gave rise to immediate	tu Cardio Vas Aliseuse 1 yr
aw requir tending pass tas been as the b	cause (a), stating the DUE TO underlying cause last. (c)	
AN: The law ritel or atten for use as if for use as of Health price	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRI	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
ജ്യമ്⊲മാ	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F While Not While far work the et work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ATTENDIN retained b ECTOR: Aft S should b vith the St	21. I certify that (I) (this beggital) attended the deceased from.	Feb. 15, 1969, to March 201969, that (1) (we) last nat death occurred at 3 PM, from the causes and on the date stated above.
AL OR ATTEND nay be retained IL DIRECTOR: , page 3 should filed with the	22a Stort Mymul ludne	AD. ATTENDING MED. DIRECTOR DHYS. 3/2/69
O HOSPITAL Page 4 may O FUNERAL director, pag	NAME GYPO M. Baumgardy	ER Sulte 21237
TO HI Pag TO Fu dire shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMENT BURIAL Specify) 3/24/69 Gardens of	Faith Baltimore, Md.
VR A15 (4)	Schimunek Funeral Home, Inc. 3331 Brehms Lane	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAR 2 0 1963
15M 4-64		



MAKYLANU STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03489 CERTIFICATE OF DEATH DECEASED NAME Middie Lost 20 DATE OF DEATH 2b HOUR The low requires that the death certificate becaused within 24 haurs after death (Type or print) Month Gudaitis Edward March 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF DINDER 24 HRS. lost buthday) MONTHS DAYS completely filled in by the as the bural-transit permit. Then please remave corbon papers. Pagë priar ta burial, cremotian, or removal, and in ony event, within 72 hours of White Jan.13.1894 Male 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED U.S.A. Baltimore WIDOWED (DIVORCED [77] Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life even if retired ketired Factory Work give street address) Baltimore 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136 COUNTY Baltimore NO 🗔 8648 Rock Oak Rd Baltimore 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Middle First Middle o B B Gudaitis Margaret Baltrusaitis Joseph the attending physicion sit permit. Then please 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 218-07-03L1-A Yes, no. or unknown) (If yes give war or dates of service) Mrs Leona Julijona Gudaitis Same APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), BETWEEN ONSET AND DEAT PART - DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial-transit p Conditions, if only, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO P YES | detoched for use te Dept. af Health 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT MOME FARM, STRIET, FACTORY.) 21f LOCATION Street or R.F.D. No. 2 d IN.JRY OCCURRED City or Town County Stote While Not while 22a. I certify that (1) (this haspital) attended the deceased from Get 15 , 1962, to March 9, 1965, that (1) saw the deceased alive on 3/1 __1967, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. PHYS 22d. PHISICIAN'S 22e. ADDRESS NAME (Type) Rock 8358 Loch Raven Blvd Balto. Md William M Conway M.D. 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 236 BURIAL, CREMATION 3/12/69 Baltimore, Maryland Holy Redeemer 2So REC'D BY REGISTRAR FUNERAL DIRECTOR 1969 Baltimore, Maryland Leonard J Buck Inc.



MARYLAND STATE DEPARTMENT OF HEALTH



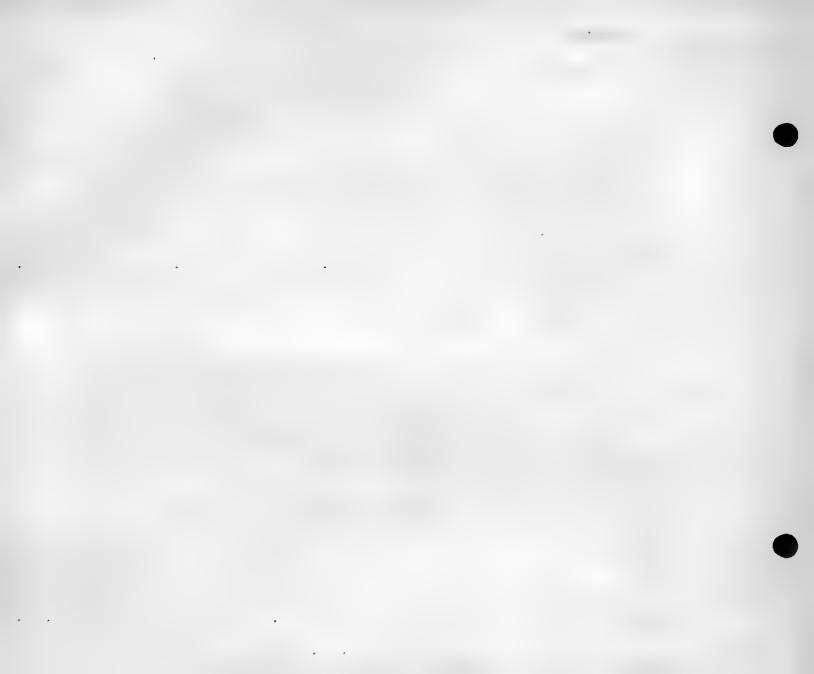
1	MARTLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 O 2 4 9 2 CERTIFICATE OF DEATH	
1.5	ECERTIFICATE OF DEATH ECEASED NAME First Middle Last 20 DATE OF DEATH 25 HOL	ID
	Type or print) C/A RA MAY HALL	S M
3. 9	female White S. DATE OF BIRTH (In yours I bunder 1 year is under 24 in yours 1 would have a loss highday) YRS. Would hours in yours in you	MRS. MIN.
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13a adr	USUAL RESIDENCE (Where deceased lived, if institution: Residence before lisk (ITY OR TOWN 13d INSIDE (ITY LIMITS) 13e STREET AND NUMBER Woodlawn YES NOW 7016 Windsor Mill. Rd.	
14	FATHER'S NAME First Middle Lost 15. MOTHER'S MA,DEN NAME first Middle Lost 2. Jones	
160	N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT Address No. John H. Uhler-2040 Summit Ave. Apt. A	1
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ARTERIOS CIENOTIC CARBID - VASCULAR DISEASE RYRS. DUE TO, OR AS A CONSEQUENCE OF (b) Stoting the underlying couse (a), (c) (c)	H
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN-IN PART 1(0)	
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUXOPSY? YES NO 200. AUXOPSY? YES NO 200. AUXOPSY? YES OF DEATH?	
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	
W	While Not while at work at work	
	22a. I certify that (I) (this haspital) attended the deceased from 1963, 1963, 1a3/15, 1964, that (I) (we) saw the deceased alive an 1964, and that in (my) (aur) apinian death occurred an the date and hour and from causes stated abave, (I) (we) (did) (did not) view the bady after death.	la: 1 th
	22b. SIGNATURE PORT R ZCENTUL DEGREE PHYS. DIRECTOR DIREC	
	22d. PHYSICIAN'S NAME (Type) PHULK ZIEGLEX. 22e. ADDRESS EXTENSIVE ALLIDR. ELECTY.	40
23	BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) March 18, 69 Mt. Olive Randal/stown Balto. Md.	
24		



,	1>	(5)		ND STATE DEPARTMENT OF H		
1,	10	83499	INITION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	IMUKE, MARYLAND 21201	03493
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haur P	70 (00	BIRTHPLACE (State or foreign 78	CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	20
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at the death c the attending nsit permit. The mation, ar rem		PART I DEATH WAS CAUSED B	CAUSE (o)	leles school	A-V. Deser	APPRDAIMATE INTERVA. BETWEEN DISET AND DEATH Jandary Landary
by the haspital ar attending physician by the haspital ar attending physician fler this certificate has been signed by be detached for use as the bur al-traistate Dept. af Health priar ta burial, cre	CATION	Bossell el	TIONS CONTRIBUTING TO DEATH BUT INC. LOCAL SCIENCE WAS PROVIDED TO THE PROVID	NOT RELATED TO THE TERMINAL DISEASE OR CO	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
PHYSICIAN: The law re he haspital ar attending this certificate has been etached for use as the Bept. of Health priar ta	DICAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M Month Day Yeo	YES NO STATE	nature of injury in Port 1 or Port 2,	Item 3B)
S PHYSI the hast this cer detached	MED	21a INJURY OCCURRED 21e PU While Not while at work of work	ACE OF INJURY (AT HOME FARM, STREET F. DEFICE BUILDING, ETC.	ACTORY.) 211 LOCATION Street or RFD No	City or Town	County Stote
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be a shauld be filed with the State		saw the deceased any causes stated above, (haspital) ottended the deceo	sed fram, 19 C 19 C 5 , ond that in (my) (voc) opin body after death	ian death accorred on the da	te and have and from the
L OR ATTEND t be retained DIRECTOR: A age 3 shauld lifed with the	,	22b. SIGNATURE	cen to	. degree Attending M	FD STAFF 22c I	DATE SIGNED
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F - E		REMOVA (Spec fy) 3/2	2/69 Meadow	ridge Cometery	BAltimor, Mary.	(County) (State) Land
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MARYLAND STATE DEPARTMENT OF HEALTH

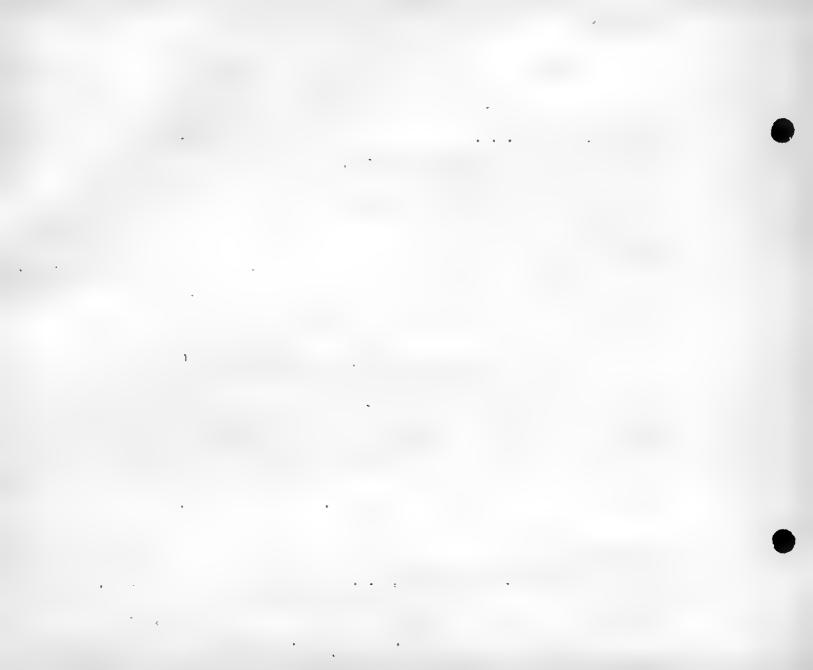


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**			09907		CERTIFICATE OF DEATH	ł	40100
	7 £		DECEASED-NAME First	M ddle	Last	2a. DATE OF DEATH	2b HOUR
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Ceri Ceri	mo m		18 CAUSE OF DEATH (Enter only	one cause per line far (a) (b) and (c)	1		AFPROXIMATE INTERVAL
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Phy sig	par		PART 2. OTHER SIGNIFICANT COND	ITIONS <u>CONTRIBUTI</u> NG TO DEA <u>TH</u> BUT N	OT RELATED TO THE TERMINAL DISEASE O	DR CONDITION GIVEN IN PART 1(b)	
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ore	60		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH	21b TIME OF INJURY	21c HOW INJURY OCCURRED (Er	nter nature of injury in Port 1 or Port 2,	Item 18.)
25 名美元	0 1	MEDICAL	(If either, natify medica examine	HOUR A.M Manth Day Year P.M.			
IYS Fee Fee	E 4	×	21d INJURY OCCURRED 21e. P	ACE OF INJURY (AT HOME FARM STREET, FA	CTORY.) 21f LOCATION Street or R.F.D.	No City or Town	County State
DING PHYSICIAN: The low raby the hospital or attending After this certificate has been	o De		While at wark	forner burtaino, esc			
INC Ter	ata	П	22n L certify that (I) (this	haspital) attended the deceas	ed fram 10 - 8 , 19	68 , ta 3 - / 19	69, that (I) (we) last
N S S	e e	1	saw the deceased air	re on 2/-28-	19 <u>69,</u> and that in (my) (aur) a	pinian death accurred an the do	ite and haur and from the
E iii 8	with the	1		(I) (we) (did) (did not) view the	bady after death.		
A te let let let let let let let let let	× × ×	1	22b SIGNATURE	tuchat DMD	ATTENDING -	MED STAFF SZ	DATE SIGNED
5 a 8	<u> </u>	1	21/00	monto o	DEGREE PHYS L	MED STAFF DIRECTOR DI	11-169
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifical	should be filed		22d PHYSICIAN'S NAME (Type) FUE	LIOA FELIPE	22e ADDRESS SPRING	-GRIVE-S-HOSP	178).
OSP A 4 INE	10000000000000000000000000000000000000	22					
E G	sho	230	BURIAL, CREMATION 230, DA	NG 4196 9230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City of Town)	(County) (State)
2 2	Λ.	2/	FUNERAL DIRECTOR	M. J. J. M.	cyces cerius	By REGISTRAR 25b. REG STRAR S	CLES OSCULE OVOX
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death. neral and 2 death		ECEASED NAME First Middle HARNER 20 DATE OF DEATH Month 2 Day	GAYeor 8 P M
offer Ter	3. S	F. M. ARACE S DATE OF BIRTH OCT. 31, 189 (6. AGE (In years lost birthday) YRS.	1F UNDER 1 YEAR HE UNDER 24 HRS. MONTHS DAYS HOURS MIN
equires that the death certificate be executed within 24 haurs or physician. signed by the attending physician and ampletely filled in by the burial-transit permit. Then please repaire carban papers. Paperial, cremation, or remayal, and in any event, within 72 hours	COU	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BACTIMOR	€ Md.
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an and a see rep		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle S ADAM SCHULTZ SARAH PIFAM	to ser Lóst R/R/914
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leath ce ending mit. Th		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
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w required in the philosophic	8	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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SICIAN: spital or ertificate ed for i	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner) 21b TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1) HOUR A.M. Month Day Year P.M.	tem 18)
G PHY:	W	21d. INJURY OCCURRED While Not while of work 12. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town of work 12. City or Town	County State
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by e 3 shauld be detached far use as the burial-traded with the State Dept. af Health priar ta burial, creative or the state of the		220. I certify that (I) (this hospital) attended the deceased from 3/2, 19/4, to 3/2, 19/5 sow the deceased alive an 8/5 8/119/4, and that in (my) (our) apinion death occurred on the do couses stated above, (I) (we) (did) (did not) view the body after death.	<u>とう</u> , thot (1) (we) lost te ond hour and from the
OR ATI			PATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health prior to		22d PHYSICANS NAME (Type) Arthur A Serpick 22e ADDRESS 5601 old Court Pd	Bulto Md.
Page 7 Fundirection should	230	BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) REMOVAL (Specify) MAR. 5,69 ST. JOHNS Cem., LITTLESTOWN	(Caunty) (State)
VR A15 (4) 45M 1/69	24. 	FUNERAL DIRECTOR ST28 LIBERTY RUN DATE 250 RECE BY REGISTRAR 69 256 DECEMBER 1969 250 RECE BY REGISTRAR 4 1969 250 RECE BY REGISTRAR 4 1969 THE PROPERTY OF THE PROPERTY	HIGHANITE STATE



	mer v		ND STATE DEPARTMENT OF		
'	03503	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		03497
and 2 death	(Type or print)	rst Middle LTAM HENRY	last MAYDEN	2a. DATE OF DEATH Manth Day	1969 5:00 N
ŀ	3. SEX	4 RACE	S DATE OF BIRTH	March 12'	IF UNDER YEAR IF UNDER 24 HRS.
ı	Male	White	August 29,	1889 79 YRS	MONTHS DAYS HOURS MIN
ŀ	7a BIRTHPLACE (State or fareign	7b CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
l	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Aba
	10 CITY OR TOWN OF DEATH FORT HOWARD		ETERANS in hospital 12a US ON HOSPITAL dering	UAL OCCUPATION (Kind of work dane most of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
Ì	3a. USUAL RESIDENCE (Where dec	eased lived, if institution. Residence before			
	odmission) STATE MARYLAN	D VIA COUNTY	BALT IMORE YES X	NO 1452 Light St	treet
ĺ	14 FATHER'S NAME First	Middle Last	15 MOTHER'S MA DEN NAME		Last
1	George	Hayden	Louise		Schulhard
	16a. WAS DECEASED EVER IN U.S.			Address	
		W-1 217 01 8	3885 Clinical Reds	. VA Rospital. For	rt Howard Md.
ſ	1B. CAUSE OF DEATH (Enter	anly one cause per line far (a), (b), and (())		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAU	DATE CALLS (a) CALCO LIVOTES	OF THE HEAD OF TH	E PANCREAS WITH	
l	1	DUE TO, OR AS A CONSEQUENCE O	METASTASIS TO LIV	ER	
l	Canditians, if any, which gar rise ta immediate cause (c	/e)			
ı	stating the underlying cau		F		
ı	last	(c)			
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(a)	
	DATE OF CONTRACT	OL FOUNT ON COR VINCE	ALDEON MEN		
	19a. DATE OF OPERATION 1	96 CONDITION FOR WHICH OPERATION WAS F		20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERT FYING
	21a ACCIDENT WAS UNDERL	VINC THE OF MUNDY	YES T NO	Yes	
	S DOR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Day Yea		ter nature of injury in Part 1 or Part 2, 1	tem 1B)
	OR CONTRIBUTING CAUSE OF CAUSE		19		
	While Nat while at wark		ACTORY) 21f LOCATION Street or R.F.D. h		Caunty State
	220 certify that (t)	this haspital) attended the decea alive an Mar 12	sed from Dec. 16 , 19	68 to Mar. 12 19	69, that (# (we) last
	couses stoted abo	or we we (did) (dia 1898) view the	body ofter death.	pinion deoin accurred on the da	re and hour and from the
I	22b SIGNATURE	1. 4. 6		220 [DATE S GNED
ŀ	madhar	A. Sahaupur	Las DEGRÉE PHYS	MED. STAFF DIRECTOR PHYS	3/13/69
	22d. PHYSICIAN'S NAME (Type) MAI	HAV D. BARHAR PURKA		al, Fort Howard, 1	/d .
Ī		D DATE / 23c NAME OF	F CEMETERY OR (REMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	BUTAL(Set ly)	3/17/69 Baltin	more National	Baltimore, Mar	
	24 FUNERAL DIRECTOR Line	nens n Zannen 25 PRES	Conkling S 250 RECD	BY REGISTRAR 250 REGISTRAR 5	
	ZANNINO FUNERA		more, Md. DAMAR	1 4 1969 Schant	es judge



- 1				LAND STATE						
	0350	Z. DI\	ISION OF VITAL RECO				IORE, MARYLA	ND 21201	034	198
L				CERTIFIC	ATE OF D					
)	DECEASED NAME (Type or print)	First	Middle	****	Lost		20 DATE OF DEATH	t ^{Nonth} 5 Day	וספ צה י	26. HOUR
	epu	JOSEPH			DLER	SR.			69	7: p M
3.	Male Male	4	RACE		S DATE OF BIRT			GE (In years t bythday)	IF UNDER 1 YEAR MONTHS OAY	
70	BIRTHPLACE (Stote or	foreign 7h	CALL CITIZEN OF WHAT COUNTRY?	8	MARCH		COUNTY OF DEAT	GO YRS		
	untry) PA,	Tolongii 70	USA	MIDOMED				imore		Md.
10	Towson	ATH	11 NAME OF HOSPITAL give street oddress Greater Ba	ORINSTITUTION (If no late). Med.	t in hospitar Center	12a. USUAL (during most	OCCUPATION (Kind of working life, e	of work done ven if retired)	12b KIND (INDUSTRY	PROOFING
13 ad	o USUAL RESIDENCE (V mission) STATE	Where deceased live	yed, if institution Residence b 3b. COUNTY YORK	efore 13c CiTY OR	TOWN 13d	ES NO	57 13e STREET A	HILLER		Ro.
14	. FATHER'S NAME	First	Middle L	ast 15	MOTHER'S MAID	EN NAME First		Middle		Lost
		ENRY		DIER		ROSE			STRA	VSBAUGH
16	d. WAS DECEASED EVE Yes, no, or sinknown)	R IN U.S. ARMED F		4.	SEPH V	HEID	VER JR.	470 G	PUAKER	DR. PA.
Γ			e cause per fine for (a), (b), a	nd (c).)					APPRO	DXIMATE INTERVAL I ONSET AND DEATH
	PART I. DEATH	I WAS CAUSED BY IMMEDIATE C	AUSE (a) Massive	bronchop	neumoni	a				
L	14	9	DUE TO, OR AS A CONSEQUEN							
П	Canditions, fony, rise to immediate	couse (a).	(0)	ma of tor	sils wi	th wid	espread	metasta	ses	
ı	stoting the underl		DUE TO, OR AS A CONSEQUEN	CE OF						
	lost.	NUCLCANT CONDITIO	(c) ONS CONTRIBUTING TO DEATH I	DIT NOT DELATED TO	THE TERMINAL F	NETACE OD COM	IDITION CRITICINA	ADT 1(a)		
		MIFICANI CONDITIO	MS CONTRIBOTING TO DEATH	SOT NOT RELATED TO	THE TERMINAL D	NISERSE OR CON	IUIIIVIN GEVEN IN F	MKE I(U)		
CEDTIERCATION	19a. DATE OF OPERA	TION 19b. COND	ITION FOR WHICH OPERATION V	/AS PERFORMED	20a. AUTOPS	y?	20b IF YES,	WERE FINDINGS (ONSIDERED IN	CERTIFYING
ZIER.					YES K	NO [CAUSES OF D	EATH?	es	
			21b TIME OF INJURY	21c. HO	W INJURY OCCUR	RED (Enter no	ature of injury in F			
MEDICAL	or contributing [_] CAUSE OF DEATH edicol exominer)	HOUR A.M. Month Day P.M.	Yeor 19						
ME	21d INJURY OCCUP While Nat who at wark of wark	le	E OF INJURY (AT HOME, FARM, STI OFFICE BUILDING, ET	EFT FACTORY,) 21f LO	CATION Street of	ar R.F.D. No	City or To	wn	County	State
	22a. I certify t	hot (I) (this ho	ospitol) ottended the de	ceosed from	3/3	, 19 6	9, to 3/	5, 19	_69_, the	at (1) (<u>we)</u> last
			(we) (did) (did not) view			(our) opinio	on death occur	red on the do	ote ond hou	or and from the
	226 SIGNATURE	1/	1	1)					DATE SIGNED	
		VCM	moun	A DEGRI		DIRE	CTOR STA	S. 14-1	3/6/69	
	22d. PHYSICIAN'S NAME (Type)	Rudige	r Breitenecke	r, M/D.	22e ADDRE	% 6701 N	. Charle	s Stree	t	
23	a. BURIAL, CREMATION			AE OF CEMETERY OR			23d. LOCAT ON (Cit		(County)	(State)
L	REMOVAL (Specify)	MARC	H 8, 1969 HOI			ETERY	YORK	AP	YORK	PA.
24	FUNERAL DIRECTOR	1 Van		DRESS YOR		SA RECD BY R	1 0 196	Sb REGISTRAR'S	SIGNATURE	200.
,	TOHN W	KEFF	ER 9021	MT. ROOE	HVE	DATE INTAIN	7 0 19 b	1	- res	



100		- 1	. MAKTLAND STATE DEPARTMENT OF HEALTH
n			03505 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03499
	•	-1	CERTIFICATE OF DEATH
	# Care	Ī.	DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar afterding physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funcial as a should be detached for use as the burial-transit permit. Then please remove carbon papers. Page and a with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs afferdeath		(Type or print) GRACE ORENE HEIGER MARCH 34 1969 10 9.1
	P 75 4 P	3	SEX 4 RACE S DATE OF BIRTH 6. AGE (n years IF UNDER 1 YEAR IF UNDER 24 MBS
	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		APRIL 7, 1894 last birthday) YRS. MONTHS DAYS HOURS MIN
	by by auri		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	14 ha d in b sers. 72 ho	"	VIRGINIA USA WIDOWED DIVORCED BALTIMORE COUNTY MA
	in 2	10	OCCUPATION OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	equires that the death certificate, be-executed within 24 haurs physician. signed by the attending physician and completely filled in by the burial-transit permit. Then please remane carban papers. Pachurial, crematian, or remaval, and in any event, within 72 haurs		give street address) BALTO, COUNTY GENERAL H during most of working life, even if retired.) INDUSTRY
	ed plet	13	a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. WISDE CITY LIMITS? 13e STREET AND NUMBER
	ove /		11/ 3304 ESSEX XV.
	E GU	14	I. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
			GEORGE UGANSON EMMA BALDERSON
	18 Se E	16	WAS DECEASED EVER IN U.S. ARMED FORCES? 180 SOCIAL SECURITY NO 17. INFORMANT Address YES TO, OR UNKNOWN) 191 yes give wor or dates of service) 210 311 8000 110 120 120 120 120 120 120 120 120
	ertificate be axi physician and hen please rem haval, and in an	L	140 HAJAH MAN MEJGEK 3304 ESSEX KID
	at the death cer the attending p nsit permit. The matian, or rema		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) A Constant of the c
	endi mit.		IMMEDIATE CAUSE (a) Cherioschoole heart disease 5 months
	ath ath per ian,		4//d D DUE TO, OR AS A CONSEQUENCE OF
	the the sit mat		Canditians, if any, which gave to immediate cause (a), (b)
	다 한 호 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF
	equires the physician. signed by burial-tran	- 1	last. (c)
	Photos Signature		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	ding ding the	2	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	ten le	158	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	The straight of the straight o	COTTOCATION	YES NO NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	IAN ficat far far He	13	CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
	SSC Learling T. of	MEDICAL	[If either, notify medical examiner] P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f, LOCATION Street or R.F.D. No. City or Town County State
	ING PHYSIC by the haspit frer this certif be detacthed State Dept. of		While Not white (OFFICE BUILDING ETC.
	te de la constant de		diradik diradik
	A He de Se		saw the deceased glive an 3119 1994, and that in (my) (our) opinion death occurred an the date and hour and from the
	Self and the self		couses stoted above, (1) (we) (did) (did not) view the body ofter deoth.
	Marie Marie		226. SIGNATURE 220. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED
	Ed S S S		MICH DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR
	ITAR may kat kat be fi	4	22d PHYSICIAN'S ROLOYT A REITENMO 220 ADDRESS Edmonted and 2/228
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial-train should be filed with the State Dept. af Health priar to burial, and	00	The state of the s
	Page Page Sha	23	BO. BUR AL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) JERMONAL Specify 3-19-69 LORRAINE PARK BALTIMORE MD
	CN	2	4. FUNERAL DIRECTOR ADDRESS 250 RECIDERY REGISTRAR 250 ASS. 1997 RAPS SUPPLIED
	30M REV (6	N W	VERER FUNERAL HOME FILL FOMOND SOM AUE DATE MAR 28
	V	1	The I will out the list of



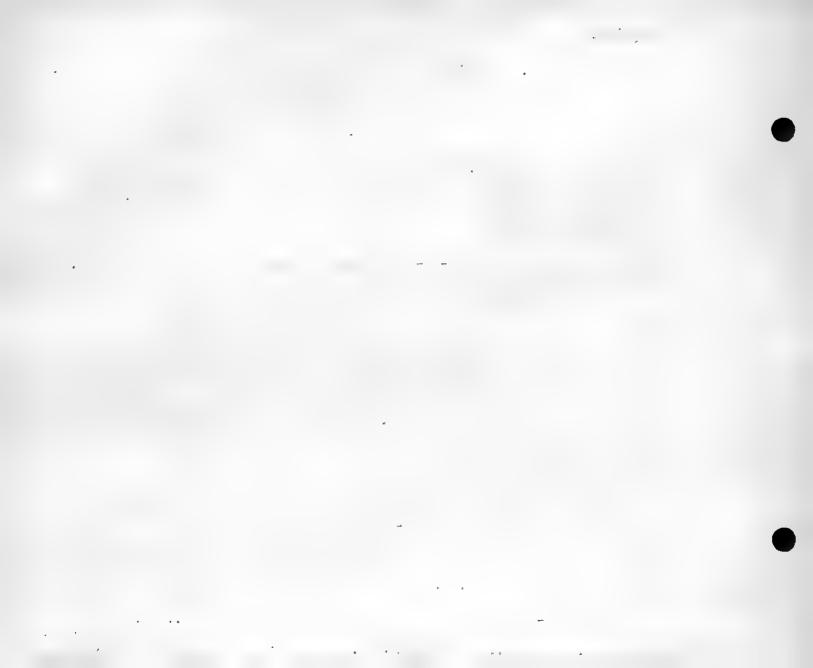
				D STATE DEPARTMENT OF		
		03506		301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARTEAND 21201	03500
, 4 _ 2.t		CEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b HOUR
death eral and 2 death.	(1	ype ar pant) <u>ELIZ</u>	BETH	HILBERG	Mar Day	, 1969 2:45 ^M
\$ 3 E	3. SE	X	4 RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
		Female	Cauce ian	28 July 187	2 lost pirthday) 96 YRS.	MONTHS DATS HOURS MIN.
	7a	BIRTHPLACE (State or fareign	7b. CIT.ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
th had in bers 72 h	£0.03	"Germany	U.S.A.	WIDOWED DIVORCED	Baltimore	Md
vithin 2 vithin 2 vithin 2 vithin 2 vithin 2	10. (ity or town of DEATH Overlea	11. NAME OF HOSPITAL OR INS give street address)	TITUTION (If not in hospital liza. USU during, in a.t.	AL OCCUPATION (Kind of work dane to five working life, even if retired)	126. KIND OF BUSINESS OR INDUSTRY
uted v implete eve carb,	13a.		ed lived, if institution Residence before	Overlea 13d INSIDE CTV Overlea YES X	LIMITS? 13e STREET AND NUMBER	2.
A P E		ATHER S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First M-ddle	Last
e de la		Heinrich	n Greif	Anna C. B	ecker	
afe con and	160	WAS DECEASED EVER IN U.S. ARA		NO. 17. INFORMANT	Address	
fiffice hysi val,	L	es, na, ar unknawn) (fyes give w	or or dates of service) 216-56-72	54 Mrs. Bertha B	retall 9 Willow Av	re. 21206
reer reer The Photon		18. CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b), and (c)	1 11-1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath indir or re	ı	PART 1 DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c) BY: TE CAUSE (a)	al thromb	020-	48hm
e de atte	L	4124	DUE TO, OR AS A CONSEQUENCE OF			100
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The fav attendi has be se as t	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
ar ar us		21a. ACCIDENT WAS UNDERLYIN	G 215 TIME OF INJURY	21c HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 ar Part 2, 1	tem 18.)
CIA Fife Fife Fire Fire Fire Fire Fire Fire Fire Fir	MEDICAL	or controuting cause of DEAT (If either, not fy medical examination)	H HOURAM. Month Day Year ner) P.M. 19	9		
Page 4 may be retained by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please-remaye carban papers. Pages should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs at	ME	21d. INJURY OCCURRED 21e. While Nat while at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	(TORY,) 21f. LOCATION Street or R.F.D. N	a. City ar Tawn	Caunty State
ING by the tate		22a. I certify that (I) (th	is hospital) attended the deceas	ed tram, 19.0 9 6 7 , and that in (my) (our) ap	57.10/1/a 9 , 191	9 , that (I) (we) last
ed Les		saw the deceased a	live an , (I) (we) (did) (d id not) view the	9 <u>6.7</u> , and that in (my) (our) ap	oinian death accurred an the da	te and havr and tram the
To tain tain than the than		22b SIGNATURE	2 / (i) (was) (ulu) (ulu llul) vieye ille	na.	22c. [DATE SIGNED
J. S.	L	Charle	1/1/ nen	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	Par 10,69
AL C		22d. PHYSICIAN S		22e. ADDRESS		
PITA mod ERA II, P			cles M. Kerr, MD	6801 Bel	air Rd.	
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the State	230	BURIAL, CREMATION, 23b.	*****	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 4 V		REMOVAL (Specify)		rmel Cemetery	Baltimore, Md.	
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S 1 3 1969	SIGNATURE
30M REV. 1/68		Ullrich fune	ral Home, Balto., 1	.Id. DARFIN	1 9 1000 /	6



- \/ 1					EPARTMENT OF				
1 &		03507	DIVISION OF VITAL RECOR		ESTON STREET, BALT NTE OF DEATH	IIMORE, MAR	YLAND 2120	035	11
` <u> </u>	1 00	CEASED-NAME First	Middle	CERTITICA	Lost	2o. DATE OF	DEATU	0000	
To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perms. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremakion, or removal, and in any event, within 72 hours after death.		one or neight					Month	Doy Yeor	2b. HOUR
a o o	3. SE	Angelic	Rogge 14. RACE	Hilge	nberg	M	rch	22 196	9 11A
es uffe	3. 3t.			,	DATE OF BIRTH		6. AGE (In years lost birthdoy)		
IS C		Female	White			1877	lost birthdoy)	YRS.	
≦ [7a. B coun	lrv)	'b CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF	DEATH		
7		Maryland	U.S.A.	WIDOWED X		Balt	more Co	untv	M.
	1D. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL (give street oddress)	OR INSTITUTION (If not	in hospital 120 USU	IAL OCCUPATION	(Kind of work d	ed.) INDUSTRY	OF BUSINESS OR
\$		Lutherville	College M	anor. Lut	herville	nost of working Housewi	e	ed.) MDOSIKI	
enr.	130 odmi	USUAL RESIDENCE (Where deceased sisten) STATE	lived, if institution. Residence be	fore 13c CITY OR T	OWN 138 INSIDE CTY	LIMITS? 13e STE	LEET AND NUMBE	R	
341	o di i i	Md.	Wh. COUNTY Baltimore	Balt	imore YES N	0 808		vedere A	ve.
1	14 F.	ATHER'S NAME First	Middle LC	1S.	MOTHER'S MAIDEN NAME	First	Midd	le	lost
+		Christian	Rogge		Mat	hilde		Scholm	ann
•	160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECU		FORMANT		Addre	ess	
		es, no, or unknown) (If yes give wor	212-01	-5412 CE	arl R. Hil	genber	g		
		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), on	d (c).)	,			APPRO BETWEEN	SYMMATE INTERVAL SCONSET AND DEATH
<u> </u>		PART I DEATH WAS CAUSED	BY: E CAUSE (o)	In	ele mone	C		J.	445
buriol, cremation, c		and it was	DUE TO, OR AS A CONSEQUENC	OF	/			1	A
		Conditions, if any, which gave	(b)	Fmp	bossome				CHE THE
		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENC	E OF					
.		lost.	(c)						
		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH B	UT NOT BELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN	I IN PART 1(o)	\ \	1222
	2			150	-10			1.	_
2	CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION W	AS PERFORMED	2Do AUTOPSY?		YES, WERE FINDIF OF DEATH?	NGS CONSIDERED IN	CERTIFYING
2	E				YES NO	1			
ı		210. ACCIDENT WAS UNDERLYING	2		Y INJURY OCCURRED (Ent	er nature of injur	y in Port 1 or Po	ort 2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M. Month Doy P.M.	19					
- 1	E	21d INBURY OCCURRED 21e P	LACE OF INJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETC	ET FACTORY.) 21f. LOC	ATION Street or R.F.D. No	D. City	or Town	County	Stote
		THE							130
		22a. I certify that (i) (this saw the deceased all causes stated above.	hospitol) ottended the dec	eosed from	10/20,19	0/, to	3/22	, 19 <u>09</u> , th	at (I) (We) la:
		saw the deceased all	ve an 3/2// (I) ((we) (did) (did nat) view	197and	that in (my) (our) ap	oinion deoth o	ccurred on th	ne date ond hou	ir ond from th
		22b SIGNATURE	(1) ((we) (aia) (aia nai) view	The bady after us	suill.				
		220 SIGNATURE	I formalla	DEGREI	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS,	22c DATE SIGNED 3/25/	69
		22d. PHYSICIAN'S	V Galler	1 Dione					
		NAME (Type) Dr. I	Richard K. Gu	ndry	22e. ADDRESS 2 W. U	Inivers	ity Pa	rkway,	Balto.
1	23o	BURIAL, CREMATION, 23b. DA	ATE 23c NAM	E OF CEMETERY OR C	REMATORY	23d LOCATIO	N (City or Town)	(County)	(Stote)
		BERROWEL AS				1	ville	Balto	, ,
	24.	FLINERAL DIRECTOR	ADI	id Ridge	2So REC D	BY REGISTRAR	25b. REGIST	PART TRADIC STORY	100
N. K.	H.	W.Jenkins & :	Sons Co.4905	York Rd	. BalltoMAR	26 13	00 1	iones you	3



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03502 DECEASED-NAME Middle Lost death. 20 DATE OF DEATH 26 HOURA 24 haurs after death ician and Campletely filed in by the funeral lease remave carban papets. The first and and event, within 72 hadrs after death (Type or pont) Month 2 Day 1969 or IDA HOARN ACTIVITY March L. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINCER TYEAR IF UNDER 24 HRS lost both day) 6-7-1885 Female White 7o, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED Maryland USA WIDOWED TO DIVORCED Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR be executed within St. Joseph's Hospital during most of working life, even af retired.)
Housewife Towson 30 USLAC RESIDENCE (Where deceased livep/ of Institution Residence before 13c CITY OR TOWN 13d INSIDE CITY EMITS? 13e STREET AND NUMBER odrawy1 and 13M COUNTY Baltimore 1546 Northbourne Road YES 🔀 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost Middle Lost Joseph Lacher Margaret Young ATTENDING PHYSICIAN: The law requires that the death certificate etained by the haspital ar attending physician. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT Yes, no, or unknown) signed by the attending physi burial transit permit. Then pl burial, crematian, or remaval, 212-10-0970D Margaret Hoarn, 1546 Northbourne Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY: Myocardial insufficiency DUE TO, OR AS A CONSEQUENCE OF (b) Right coronary thrombosis Conditions if only which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta Right cerebral encephabmalacia 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 19c. DATE OF OPERATION 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES ... NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 220. I certify that (1) (this hospital) attended the deceased from Feb 9 , 1969, to Merch 2, 1969 , that (4) (we) last saw the deceased above on Merch 2 1969, and that in (64) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (44) view the body after death. be retained 22b, SIGNATURE 22c. DATE SIGNED 3-2-69 DEGREE PHYS 22d PHYSICIAN S 22e ADDRESS NAME (Type) 7620 York Road, Towson, Md. 21204 Ines Cilliani. /M.D. 23b DATE 23d. LOCATION (City or Town) 230 BUR AL, CREMAT ON 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Spreety) 3-5-69 Loudon Park Balto., Md. 24 FUNERAL DIRECTOR **ADDRESS** 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Leonard J. Ruck, Inc., 5305 Harford Rd. Milane DATE MAR



1			NVISION OF	MARYLAN VITAL RECORDS,		EPARTMENT OF			AND 212	01		
	03509		714131014 01			TE OF DEATH		MIME	MND 212	VI.	035	03
ī	DECEASED NAME (Type or print)	First		Middle		Losi		ATE OF DEA		-Day-	Year	25. HOUR
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3.	SEX		4. RACE	2-20 v - 100 mm	5.	DATE OF BIRTH		6	AGE (In yea a <u>st</u> birthd o y)	M	FUNDER E YEAR ONTHS DAYS	HOURS MIN
70	B RTHPLACE (Stote	or foreign 75	L b. Citizen of Wi-	MHITTE AT COUNTRY?	8 MARRIED BY	5/8/98 NEVER MARRIED	9 COLIN	ITY OF DEA	70 ATH	YRS		
CC	MASSACHUS	ENTE	U.S.A.		WIDOWED	DIVORCED [BALTI				Md
10	CITY OR TOWN OF	DEATH	11 NA	AME OF HOSPITAL OR IN	ton 11) NO TETITS		JSUAL OCCUP	ATION (K	nd of wark			BUS-NESS OR
	FORT HO			Street address) PERANS ADM			HOE C	orking life	even if refi	red)	INDUSTRY	
3	o. JSUAL RESIDENCE Imiss on) STATE	(Where deceased	lived, if instituti	an Residence before	13c CITY OR TO	थाट जिल	NO TO		AND NUMB			
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14	FATHER S NAME	First PANK	M ddle	HOITE HOITE	12 1	OTHER 5 MA DEN NAM			M d	G16		Las!
1/	SO WAS DECEASED EV	/ER IN U.S. ARMED		16b SOCIAL SECURITY	NO 17 INF		re rit		Add	ess		
	Yas, na, or unknown	(It yes give will o	or dates of service)	051 01 65	27 CLI	VICAL RECO	RDS.	VAH.	FT. H	OWAR	D. MD.	
	PART I DEA	TH WAS CAUSED B IMMEDIATE	CAUSE (o)	CARCINOM AS A CONSEQUENCE OF		I LUNGS					BETWEEN	MATE INTERVAL DISET AND DEATH
	Conditions, if on use to immedio stating the under lest	te couse (a)	(b)	AS A CONSEQUENCE OF			-					
NOD.				TING TO DEATH BUT N		TE TERMINAL DISEASE (INGS CON	ISIDERED IN (FPTIEVING
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menica, cea			21b. TIME OF HOUR A.M P.M.	Month Day Year	9	INJURY OCCURRED (E		of injury ii	Part I or F	art 2, Ite	m 18.)	
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	226 SIGNATURE	- h - 1	· (. 5	Patr 2		ATTENDING PHYS	MED DIRECTOR	☐ 5 ¹	TAFF HYS		te signed /29/69)
	22d PHYSIC AN S NAME (Type		ITO V. I	PATRICIO.	M.D.	22e ADDRESS VAH FT	HOWA	RD. M	D.			
L	BURIA, CREMATIC	1 4-	2-69	231 NAME OF	CEMETERY OR CE	EMATORY L CEMETERY	23d L	OCATION (Cty or Town	E. M	(County)	(State)
1	FUNERAL DIRECTOR		814 W.	. 36th ST.		25o. AP	REGIST	RAPS S	25b REGIS	TRARS SU	GNATURE	Lan.
	FRANK W.	SELTZ	FATINO	. MD.	*	DATE			- (/		100	1

1		03510	DIVISION	OF VITAL RECORDS,		STON STREET, BAL	TIMORE, MAF	RYLAND 21201	035	04
Ī		CEASED-NAME First		Middle Elizabeth	Holtz	Lost	20. DATE OF	Month Day	Year	26. HOUR
	3. SE	x Female	4 RACE	White	5	DATE OF BIRTH		6 AGE (In years lost birthday)	NE JNDER I YEAR MONTHS DAYS	IF LINDER 24 HRS. HOURS MIN
	7o. B	IRTHPLACE (State or foreign try) Maryland	E	WHAT COUNTRY? U. S. A.		NEVER MARRIED X	9 COUNTY OF	DEATH imore Cou	ntv	Md.
		TY OR TOWN OF DEATH Latonsville) g	NAME OF HOSPITAL OR IN live street address) 307		in hospito. 120 USU during n	JAL OCCUPATION	(Kind of work done	126 KIND OF B	
1	30 odmi:	USUAL RESIDENCE (Where dece ssion) STATE Maryland	osed lived, if inst 136. COUNT		LISE CITT OK I	DAALA 128 TANDE C 11	198 211	reet and number 7 Roanoke l		
L		ATHER'S NAME First William		Z			a B. Fos			Lost
-	16a Y	No	a war or dates of service	213-03-3	631 Mr.	ormant]		e, McAddress 11e 2061 1	21207 Beechwoc	d Ave.
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)	ED BY: DIATE CAUSE (a) _	Ce arones	y The	on train			BETWEEN ON	SET AND DEATH
		Canditions, if any, which governs to immediate couse (a)	(b)	OR AS A CONSEQUENCE OF	V. de	Loca			-	
ı		stating the underlying couse last PART 2 OTHER SIGNIFICANT CO	(c)_	OR AS A CONSEQUENCE OF	er b	elletus	CONDITION CIVE	IN PART 1/ol	50	Irs.
	NOI			WHICH OPERATION WAS PI		20a AUTOPSY?		YES, WERE FINDINGS C	ONSIDEBED IN CE	PTIEVING
	CERTIFICATION	210 ACCIDENT WAS UNDERLY		E OF INJURY		YES NO I	CAUSES	OF DEATH?		CH TING
	₹	or contributing cause of Di (If either, notify medical exam	ATB HOUR A.	M. Month Doy Year M.	9	TION Street or R.F.D. No.		,		Slote
1	1	ot work		RY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				or Town	County	
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A STATE OF THE STA		226. SIGNATURE) /	Loughlin	DEGREE	ATTENDING PHYS	MED DIRECTOR	22c.	date signed 3/25/	69
É				acLaughlin /			lling Ro		2122 ville,	8 Md.
	E	REMOVAL (Specify) 3	, date /26/1969	9 Druid		Cemetery	Reiste	N (City or Town) erstown, Me	(County) aryland	(State)
8	24	FUNERAL DIRECTOR	Hal St	ADDRESS Gate		250 REC'D	by registrar 2 7 196	25b REGISTRAR'S	SIGNATURE	2

MAKTLAND STATE DEPARTMENT OF HEALTH

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1	3/18/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3505
FOR STATE	03511 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9000
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy (Type or Print) James E HOOD 0F EST DEATH MATED 310	Yeor 2b HOUR
deloy s ond 3 to M3 Poge	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HPS 2c DATE PRONOUNCED DEAD	reor 69 A M
	70 BIRTHPLACE (State or foreign country) 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH BALTIMOTE WIDOWED DIVORCED 1	Md
fer death Give Pages and with o	Sparrows Point give street address)Plant Dispensary during most of working life even treliged INDUS	kind of Business or Steel Makin
表現る 毛毛	13a USUAL RESIDENCE (Where deceased Wed, if institution Residence before 13c CITY OR TOWN Jab COUNTY Balto. 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 3025 Huntington	Ave.
24 hours of in them 18 rs office a se. Youd 2 w	14 EATHER'S NAME First Middle cost IS MOTHER'S MAIDEN NAME First Middle	lost
w thin 24 pencil in xontiner's ine pages. 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? [160 WAS DECEASED EVER IN U.S. ARMED FORCES. [160 WAS DECEASED EVER	
should be executed a word "pending" in the Chief Medical E uriol-transit permit. Fin any event within	PART 1 DEATH WAS CAUSED BY IMMICIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a), Stoting the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G.VEN IN PART 1(a)	APPROX MATE INTEXNA. BETWEEN ONSET AND DEATH
INER: This certificate is certificate, writing the should be forworded to files. 3 should be used as a b artion, or removal, and ration,	190 DATE OF OPERATION O 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 210 INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18 HOUR A.M. 19 210 INJURY OCCURRED (216 PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town Control of Injury or Control or Control of Injury or Control of Injury or Control of Injury or	YES NO
olcal EXAMINER: se execute the certicular pool of should ned for your files. ECTOR: Page 3 should burial, cremation,	WHILE NOT WHILE factory, office building, etc.]	unty Store
necessary, please execute the funeral director. Poy 5 may be retained for 10 FUNERAL DIRECTOR: Feelth prior to burial,	22a certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ACTUAL CONTROL CON	10/69
5 = = ~ 5 = .	236 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Cour Burial 3/13/69 National Balto. Md. 24 FUNERAL DIRECTOR Paul Ec. Chenoweth 3rd, 3617 Chestnut Ave.	
VR A15ME (1)	Paul E. Chenoweth 3rd. 3617 Chestnut Ave. DATE MAR 1 3 1969	4

· 1- 1	03512		S, 301 W. PRESTON STREET, BALTIM	ORE MARYLAND 21201	0.0 = 2.0
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r death. I ond 2 3r death.	19 41	artin Moddle	lost Houseman	20 DATE OF DEATH O3 Month O3 Doy	69eor 9:25M
	3 SEX Ma⊥e	4 RACE White	5 DATE OF BIRTH 04/08/13	6 AGE (In years lost birthdoy)	HE UNDER 1 YEAR HE JHOER 24 HRS MONTHS DAYS HOURS MIN
yd m by	7a, BIRTHPLACE (State or foreign country) BALTIMORE, MAR	76 CITIZEN OF WHAT COUNTRY? VLAND U.S.A.	8 MARRIED NEVER MARRIED 9. WIDOWED DIVORCED	COUNTY OF DEATH Baltimore	LI .
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omp eve	13c USUAL RESIDENCE (Where de admission) STATE Maryland	recosed ved if institution Residence before the country Balto.			
<u> </u>	14 FATHER'S NAME First DAVID	Middle Lost HOUSEN		.T AN	Lost ?
vol, onc	160. WAS DECEASED EVER IN U.S. Yes, no or unknown) (If yes	ARMED FORCES? give wor or dates of service) 16b SOCIAL SECURI 218-22-0		Address ISEMAN, 3911 ALG	IERS RD. #21133
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T - 0	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Doy Ye ominer) P.M.	19	of injury in Part 1 or Part 2, 11 City or Town	County State
	at work of work 22a. I certify that (I) saw the decease causes stated ab 22b. SIGNATURE	(this hospital) attended the decederate (the control of the contro	ased from North, 1963 1964, and that in (my) (our) apinione body after death. DEGREE PHYS MED DIRECTOR	n death accurred an the dat	
	0.0000000000000000000000000000000000000		OF CEMETERY OR CREMATORY EL MEMORIAL PARK	3d LOCATION (CTY OF TOWN) RANDALLER OWN, M	ARYLAND (Stote)
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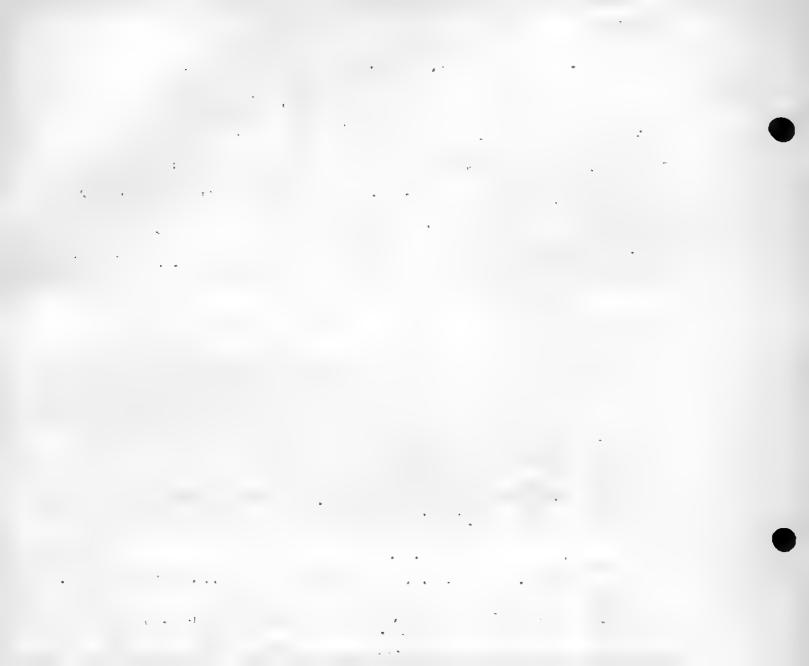


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s. Rages I	3 5	Male	4 RACE White	5. DATE OF BIRTH 11/19/00	6 AGE (In years lost birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MAIN
inhii z	70 10L	BIRTHPLACE (Stote or foreign http://Pennsylvania	76 CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH Baltimore	
	110.	Baltimore Co.	give street address) Baltimore	TITUT ON (If not in hospito 120 USUAL	OCCUPATION (Kind of work done if of working life, even if retired)	Md 12b KIND OF BUS.NESS OR INDUSTRY B & O RR
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snould be filed with the State Dept. of fledlin prior to buriol, (femation, or removal, and in any event, within f2		IB CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF	autero latera	Woodlawn, Md.	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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De med wil		22d. PHYSICIAN'S NAME (Type)	went ell	DEGREE ATTENDING ME DIR	STAFF 22c D ECTOR PHYS 3	ATE SIGNED 69
Should		BURIAL, CREMATION, 23b DA REMOVAL (Specify)	ATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (Stote)
PR	24	FORMAL PIRECTOR	41018 ADDRESS	rain on and DATE	RE451R 1969 256 J. C.	and Judge



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Type or print MONNIE JEANNETTE HUGHES MARCH 12 1969 12 1969 12 1969 13 1969 14
3. SEX 4. RACE WHITE AUG 20, 1875 AUG 20
To BIRTHPLACE (Stole ar foreign to CHTIZEN OF WHAT COUNTRY? Country of Death to Divorced Security Secur
To BIRTHPLACE (Stole ar foreign to CHTIZEN OF WHAT COUNTRY? Country of Death to Divorced Security Secur
10 CITY OR TOWN OF BEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during most a work ing life two in Cettled) 13b. KIND OF BUSINESS OR 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last city usings) 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last city usings) 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last city usings) 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last city usings) 13d. NOTHER'S MAIDEN NAME First Middle Lost FLOYD 14. FATHER'S NAME First Middle Lost FLOYD 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, in Prophrown) 17 INFORMANT Address Yes, in Prophrown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: ASCVD 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: ASCVD 19. MINDUSTRY 19. MINUSTRY 19. STREET AND NUMBER 3440 RIPPLE ROAD #7 ETHEL KNIGHT - 3440 RIPPLE ROAD #7 APPROXIMATE MITERVAL BETWEEN OMEST AND DEATH BETWEE
10 CITY OR TOWN OF BEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during most a work ing life two in Cettled) 13b. KIND OF BUSINESS OR 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last city usings) 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last city usings) 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last city usings) 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last city usings) 13d. NOTHER'S MAIDEN NAME First Middle Lost FLOYD 14. FATHER'S NAME First Middle Lost FLOYD 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, in Prophrown) 17 INFORMANT Address Yes, in Prophrown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: ASCVD 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: ASCVD 19. MINDUSTRY 19. MINUSTRY 19. STREET AND NUMBER 3440 RIPPLE ROAD #7 ETHEL KNIGHT - 3440 RIPPLE ROAD #7 APPROXIMATE MITERVAL BETWEEN OMEST AND DEATH BETWEE
BALTIMORE 344eV podes 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER 3440 RIPPLE ROAD 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER 3440 RIPPLE ROAD 47 13d mssgn) 13h COLINT LAND 13b COLINT LAND 13c STREET AND NUMBER 3440 RIPPLE ROAD 47 14c AND 15c MOTHER'S MAIDEN NAME First Middle Lost Los
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE LAND 13b. COUNTY IMMORE BALTO 13c. CITY OR TOWN 13d. ASIDE CITY LIMITS? 13e. STREET AND NUMBER 3440 RIPPLE ROAD #7 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost FLOYD 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, nampooknown) (If yes give war or dates of service) 17 INFORMANT PART I. DEATH WAS CAUSED BY: HARDICAN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: Cand trons, if only, which gave is to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF RASCVD ASCVD
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FLOYD FLOYD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, new prophrown) (If yes give wor or dates of service) NO ETHEL KNIGHT - 3440 RIPPLE ROAD # 7 18. CAUSE OF DEATH (Enter only one couse per line for (a), {b} and (c)) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: Output 18. CAUSE OF DEATH (Enter only one couse per line for (a), {b} and (c)) PART I. DEATH WAS CAUSED BY: Output 19. CAUSE OF DEATH (Enter only one couse per line for (b), {b} and (c)) PART I. DEATH WAS CAUSED BY: Output 19. CAUSE OF DEATH (Enter only one couse per line for (c), {b} and (c)) PART I. DEATH WAS CAUSED BY: Output 19. CAUSE OF DEATH (Enter only one couse per line for (c), {b} and (c)) PART I. DEATH WAS CAUSED BY: Output 19. CAUSE OF DEATH (Enter only one couse per line for (c), {b} and (c)) PART I. DEATH WAS CAUSED BY: Output 19. CAUSE OF DEATH (Enter only one couse per line for (c), {b} and (c)) PART I. DEATH WAS CAUSED BY: Output 19. CAUSE OF DEATH (Enter only one couse per line for (c), {b} and (c)) PART I. DEATH WAS CAUSED BY: Output 19. CAUSE OF DEATH (Enter only one couse per line for (c), {b} and (c)) PART I. DEATH WAS CAUSED BY: Output 19. CAUSE OF DEATH (Enter only one couse per line for (c), {b} and (c)) PART I. DEATH WAS CAUSED BY: Output 19. CAUSE OF DEATH (Enter only one couse per line for (c), {b} and (c)) 10. DUE TO, OR AS A CONSEQUENCE OF 10. DUE TO, OR AS A CONSEQUENCE OF
160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, naporishnown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: U.S. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: U.S. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: U.S. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: U.S. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: U.S. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: U.S. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: U.S. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) ASCVD DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
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TIMMEDIATE CAUSE (a) Pneumonia H
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nse ta immediate couse (o), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
5 5 5 5 stating the underlying cause Due 10, UK AS A CONSEQUENCE OF
© □ □ I last.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DESCRIPTION OF CONSIDERED IN CERTIFYING CAUSES OF DEATH? 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Port 2, Item 18.)
문 등 전 등로 X 문 YES □ NO □ CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Hern 18.)
HOUR A.M. Month Day Year County Co
The part of the pa
21d INJURY OCCJERED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State while at work at work at work at work 22a. I certify that (I) **ROSCROSPERI**) attended the deceased from **Feb*** , 1960, to **Parch***, 1969, that (I) **ROSCROSPERI**) loss
22a. I certify that (I) tocks appear of the deceased from Feb., 1960, to Farch, 1969, that (I) to saw the deceased alive an March 1, 1969, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (I) (1960) (did) (d
22a. I certify that (I) this company attended the deceased from Feb., 1900, to March, 1909, that (I) this course saw the deceased alive an March 1, 1909, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (I) (ver) (did) (this course) were the bady after death.
F & C & £ 226 SIGNATURE 226. DATE SIGNED
Osh Danell, M.D. DEGREE PHYS & MED DIRECTOR 3/13/69
Z2d. PHYSICIANS NAME (Type) John J. Darrell, M.D. 9017 Liberty Rd., Randallstown, Md.
N 4 = 00
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
VR A15 MAR 24. FUNERAL DIRECTOR 7600 SLA-ADDRESS & COLOR BY REGISTRAR 250. REGISTRAR'S SIGNATURE 30M REV. 1768 DAMAR 1 8 1969 GUILLONGE SLASHON BULLET 21202

MARTLAND STATE DEPARTMENT OF HEALTH

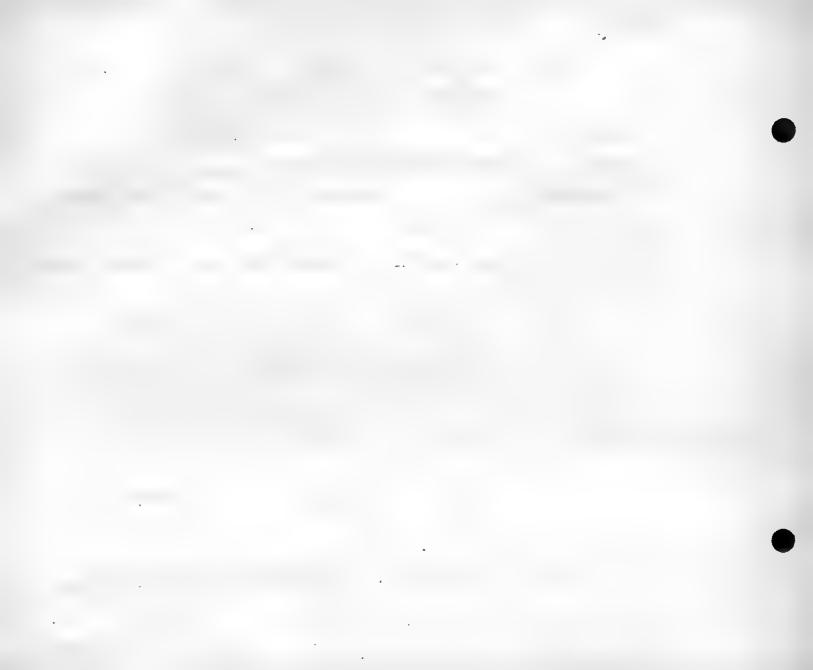


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couted with completely ove corban y event, will		USUAL RESIDENCE (Where dece ission) STATE Md.	osed 1	yed, if institution. Residence before 336. COUNTY	Balt		AER NO	13e. STREET AND NUMBE 3341 Pain			
ricote be executive sicion and complease remove to and in any every	14. [ATHER'S NAME First	?	Middle Last	4	S MOTHER'S MAI	DEN NAME First	Midd ?	le		Last
erificate be exemple by sicion and the please removal, and in any		WAS DECEASED EVER IN U.S. Al es, no ocunknown) (If yes give		FORCES? 16b. SOCIAL SECURITY N 215-17-673		INFORMANT Ars. Est	ella Sul	Addre livan 3341		e St.	
oth cer nding iit. The		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only or	ne couse per line for (a), (b), and (c).)	ر ارز	2412-2	manti	D7		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death in septial or attending physician. In the order of completely filled in the funeral stacked for use as the burial-transit permit. Then please remove carban papers, for an analysis ond 2 Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours other death		Conditions, if any, which governse to immediate couse (a) stating the underlying couse	2	(b) Consequence of the To, or as a consequence of	te l	ardin v	asente	diresse		107	s-7°
law requires the ding physicion. Illeen signed by the buriol-troic for to buriol, cre	ON	PART 2. OTHER SIGNIFICANT CO	ONDITI	(c) IONS <u>CONTRIBUTING TO DEATH</u> BUT NO	T RELATED T	O THE TERMINAL	DISEASE OR CONDIT				
The law reatherding the hos leen see os the the prior to	CERTIFICAT C			DITION FOR WHICH OPERATION WAS PER		20a. AUTOP	NO 🗌	20b IF YES, WERE FINDI CAUSES OF DEATH?			TIFYING
by the baspician: The by the by the baspical or attention this certificate hos be detached for use or Store Dept. of Health pr	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, natify medical exar	ATH niner)	23b TIME OF INJURY HOUR A.M. Manth Day Year P.M 19			,	e of injury in Port 1 or Po			
G PHYSIC th≡ h≡spi this certi detached te Dept. o	W	White Nat while at work		CE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.				City or Town		County	State
D HOSPITAL OR ATTENDING PHYSICI. Page 4 may be retained by the hespita D FUNERIAL DIRECTOR: After this certification, page 3 should be detached is should be filed with the State Dept. of		22a. I certify that (I) (1 saw the deceased causes stated aba	this t alive ve, (I	ospital) attended the decease an 3 - (0 - 1) (we) (did) (did-not) view the b	d from 6 <u>62</u> , an ady after	ed that in (my death.	2-, 19 <u>6 & ,</u>) (our) apinian	death accurred an th	, 19 <u>4</u> ie date	2_, that (and hour a	I) (we) last nd fram the
OR ATTENE be retained UINECTON: A ge 3 should led with the		22b. SIGNATURE	کر ر	Magan M.D	" DEG	11113		or STAFF PHYS.		TE SIGNED	7
TO HOSPITAL Poge 4 may TO FUNEIAL I director, pog should be fil		22d. PHYSICIAN'S NAME (Type) Willy	tr	-K.Gallager 1	1.0.		Frederin		7./	11/ 272	28
TO HO Poge TO FUI direct	E	BOWNA Ppecify)		rch 14, 1969 N	eadow	Branch		Carroll	Co.	(County)	(State)
30M REV	24. 1	aul Decto Chanor	ret:	h 3rd. 3617 Ches	nut A	VOA	250. REC'D BY REG DATEMAR 1			GNATURE	**



-1		00540	DIV	ISION OF VIT			PARTMENT OF TON STREET, BA			21201	0.25	4.0
		03516					TE OF DEATH				035	10
1		EASED-NAME pe or pnnt)	First		Middle		Lost	20	DATE OF DEATH	D	V	26 HOJR
		E	DWARD		RICHARD		UNEKE		MARCH	17,	1969	6:12 _M
	SEX	MALE		RACE WHITE		5,	DATE OF BIRTH 10 19 10		6 AGE (In	yeors ndoy) YRS	FUNDER 1 YEAR MONTHS DAYS	IF UNDER 24-FIRS HOURS MIN
0.0	ount		gn 7b. C1	T ZEN OF WHAT O		MARRIED [NEVER MARRIED		INTY OF DEATH BALTIMORE	CAM 9	VIAND	
		RMIAND Y OR TOWN OF DEATH			OF HOSPITAL OR INSTITU	-()			PATION (Kind of w		12b K ND OF B	Md Md
/]	FO	RT HOWARD		PETER	AWS') ADMIN	ISTRAT	ION HOST ing	most of v	vorking life, even i	f retired.)	BAKER	Y
00	dm s M	SUAL RESIDENCE (Where sion) STATE ARYLAND	deceosed live	of institution to COUNTY	Residence before 13	ALTIMO	RE YES X	NO	13e STREET AND N 4804 ALS	UMBER THEA A	VENUE	
1/4	4. FA	THER S NAME First CHAF	RLES	Middle W •	HUNEKE		OTHER'S MAIDEN NAMI UGUSTA (MA		NKNOWN)	Middle		LOST
Ī	6a Ye	WAS DECEASED EVER IN U. 5. no. or unknown)	S ARMED FO		SOCIAL SECURITY NO .6 09 7311	17 INFO	RMANT IN. REC.,	VET.	ADM. HOS	Address F	T. HOWA	RD, MD.
		B CAUSE OF DEATH (E PART I DEATH WAS canditions, if any, which rise to immediate cous stating the underlying	CAUSED BY MMEDIATE CAU gave) e (a).(CARDIAC A	NE UMON	ECTOMY				APPROXIM	ATE INTERVAL SET AND DEATH
	ŀ	PART 2 OTHER SIGNIFICA	NT CONDITION					RCONDITIO	ON GIVEN IN PART I	(0)		
2	-3, 1	90 DATE OF OPERATION	19b CONDIT	TION FOR WHICH O	PERATION WAS PERFO	RMFD	20a. AUTOPSY?		20b IF YES, WERE		NSIDERED IN CE	RTIFYING
	-	5/17/69			CHT LUIG		YES NO.	h	CAUSES OF DEATH?			
	₹	Plo ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUS If either, notify medical	E OF DEATH	216 TIME OF INJU HOUR A.M. M. P.M.	JRY onth Day Year 19	21c. HOW	INJURY OCCURRED (E-	nter noture	of injury in Part 1	or Part 2, It	em 18.)	
431		21d. INJRY OCCURRED While Not while	21e PLACE	OF INJURY (AT H	OME, FARM STREET FACTORY CE BUILDING, ETC	1	10N Street or R.F.D		City or Town		County	State
		22a I certify that saw the decea	(this has sed alive a abave, (1)	spital) attende on March (we) (did) (da	ed the deceased 1 17, 1949 cook) view the bad	IromFe , and the ly after dec	b. 11 , 19 not in (hiý) (aur) c th	69, opinion o	ta <u>March</u> Jeath accurred c	L7 , 19_ an the dat	69 , that e and havr a	() (we) last and fram the
		22b. SIGNATURE	The	Mat.	wh did	DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF DHYS		ate signed 18 69	
		/ NAME (Type)	GEORGE	C MCEI	FATRICK.	M.D.	VET. ADM.	. Hos	P., FT. 1	HOWARI	, MARYI	AND
23	30	BUR AL CREMATION,	23b DATE		23c NAME OF CEM				LT IMORE			ARY LAND
2	4 F	UNERAL DIRECTOR			4210 Be	lair F	d. 2So RECE	BY REG.S		REG STRAR S	SIGNATURE	
L		Ullrich Fur	neral I	liome	Raltimo	re Me	ryland ^{ATE}	K Z 4	1000	Mar	CED Joseph	12





. 1			ID STATE DEPAKTMENT OF H , 301 W. PRESTON STREET, BALTI		0.00
	03518		CERTIFICATE OF DEATH	MORL, MARILAND 21201	03512
1.	DECEASED-NAME First (Type ar print)	Middle BABY GIRL	HUTSCHENREUTER	20 DATE OF DEATH MARCHanth 25 Do	Y69 Year 2b HOUR A
.3.	FEMALE	4. RACE White	S. DATE OF BIRTH	1969 6 AGE (In years lost birthday) YRS.	MONTHS AYS HOURS 24 HRS.
7a	BIRTHPLACE (State or foreign Baltimere; Md.		WIDOWED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md
10.	. CITY OR TOWN OF DEATH BALTIMORE	11 NAME OF HOSPITAL OR IN		L OCCUPATION (Kind of work done ast of working afe, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
13- ad	a USDAL RESIDENCE (Where decedimission) STATE Penna.	ised lived, if nstitution. Residence before		13e. STREET AND NUMBER Rt. 2	
14	. FATHER S NAME First	Middle Lost	IS. MOTHERS MAIDEN NAME F		Last
17	Fred eric so, was deceased ever in u.s. ar	MED FORCES? TIAL SOCIAL SECURITY		e Bebnam Address	
1"		war or do tes at service)		nreuter,Airvil	lle,Pa.
	18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF T MMATU		URE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CEDTIFICATION		(c)	NOT RELATED TO THE TERMINAL DISEASE OR C	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
5	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Manth Day Yea	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)
MSD			ACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	Caunty State
	22a. I certify that (I) (the saw the deceased causes stated above	nis hospital) attended the decease plive an 3-25-69 e, (1) (we) (did) (did nat) view the	19_69and that in (my) (our) opi		ote and hour and from the
	22b. SIGNATURE Mes	hkuppur		IED. STAFF 🔀 22c.	3-25-69
	*	H. MESHKINPUR		HARLES ST. BA	
23	001101111111111111111111111111111111111	DATE 23c. NAME DI 27, 1989	CEMETERY DR CREMATORY Pine Grove	23d LDCATION (City or Town) Sunnyburn	(County) (State) York Pa
2	FUNERAL DIRECTOR Ha	ADDRES	ta. Penna. DAMAR	b F	at 321



		70010	03513
FOR STATE HEALTH DEPT.		MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle Last Invit. TAMPS LEPINDY TRYING OF ESTI- OF ESTI- OF ESTI- OF ESTI-	1 22
2, and 3 to 7, and 3 to PMS. Page	3 :	DEATH MATED MATCH SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours IF JMDER YEAR JF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	1 28, 1969 1:30M 8, Yeor 69 1:30M 1:30M
	cqu	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Only) Pa. WIDDWED DIVORCED Baltimore	Md
De de			126 KIND OF BUSINESS OR UNDUSTRY LAS & Electric
urs after n 18. Gr ice along d2 with ir death	L	Transistan) STATMaryland 13b. COUNTY Baltimore YES NO TO Old Home FATHER'S NAME First Middle Last 1s. MOTHER'S MAIDEN NAME First Middle	
24 haurs in Item 18 cr's Office es land 2 virs offer d		James H. Irwin Nellie —	lost
I within 24 in pencil in Examiner's Examiner's File pages		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pg or unknown) (14 yes give wor or dates of service) 216-07-6586 Flornel Shipley - 3337 Willoughb	
DEPUTY DICAL EXAMINER: This certificate shauld be executed sessary, please execute the certificate, writing the ward "pending" in e funeral director. Page 4 should be farwarded to the Chief Medical Emay be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a bunal-transit permit. Follower to burial, cremation, ar removal, and in any event within		IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Shotgun wound of Abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o). Stating the underlying cause (o). DuE TO, OR AS A CONSEQUENCE OF [6] PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	APPROXIMATE (MTESVAL BETWEEN ONSET AND GEATH
	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO [
	MEDICAL CER	220 certify that taak charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER	County State Balto. M.D. and in my opin an
10 ± ± 20 ±	24	REMOVA (Specify) 3-31-69 Gardens of Faith (em. Balto. Md. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REG STRAR 250 REGISTRAR'S S	
10M REV (SS.	1	TOTAL C. PRIMER TRESOTT DESCRICTION 21-23 DAINT IN 2 1303 3000 12	les Judge.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03514 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20 DATE OF DEATH
3/18/OMbonth death. 2b. HOUR within 24 haurs ofter death - (Type or print) Elizabeth campletely filled in by the funeral rave carban papers. Pages I and Jacobs 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) F HOURS 4/24/00 YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED signed by the attending physican and campletely filled in burial-transit permit. Then please remave carban papers. burial, crematian, or removal, and in any event, within 72 h. Maryland Baltimore U.S.A. WIDOWED P DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR Chady Took Nursing Home during most of working life, even if retired) Ross-Matthias Catonsville 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before be executed 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COHNTY Balto YES 😾 418 North Bend Road Balto 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME FIRST Middle Lost Delosier 166 SOCIAL SECURITY NO bertificate 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) 213-34-3625 Mrs. Mary Ward, 418 North Bend Road, 21229 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave) rise to immediate cause (a). stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) far use as the b f Realth priar to b TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO ST YES [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached for State Dept. af H (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 211 LOCATION Street or R.F.D. No. 2.d M.uRY OCCURRED City or Town Stote County While Nat while at work 220. I certify that (1) (this haspital) attended the deceased from 2/2> 1968, to 3 / / V , 19 65 , that (1) (we) lost 3/17 19 62, and that in (my) (our) apinion death accurred an the date and haur and from the saw the deceased alive an.... director, page 3 shauld shauld be filed with the causes stated above, (1) (** Dailed and the body after death. 22b SIGNATUR 22c DATE SIGNED DIRECTOR 22d, PHYSICIAN S 22e ADDRESS Dr. Cliff Ratliff 4605 Edmondson Ave. 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION. 23b DATE 23d LOCATION (City or Town) (Caunty) (Stote) REMOVAL (Specify) 3/22/69 Holy Cross Cemetery Baltimore, "aryland 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR Mari o Witzke, 4101 Edmondson Avenue, 21229



1					STATE DEPARTMENT OF			
			DIVISION OF VIT	TAL RECORDS, 30)) W. PRESTON STREET, BA	LTIMORE, MARYLAND	21201	03515
1		03521		CE	RTIFICATE OF DEATH	1		- 1 0
4 24		ECEASED NAME	Eirst	M.ddie	Last Sr.	1		2b HOUR
r deoth	. ((ype or print)	280 BC	Simms	1811 VIII	Mant	b Day	Yegr Q 7/504
- L	3 S	X	4 RACE _		S DATE OF BIRTH	6 AGE (10 years ((6)))	HDER YEAR IF UNDER 24 HRS
24 havrs after deoth	L	MALE	CA	ue	13-17	-87 last bir	thday) MONT	
lin Pau	7a. cau	BIRTHPLACE (State or foreign	75 CITIZEN OF WHAT C		MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	9677)	** 1
Thin 7	_	TITY OR TOWN OF DEATH	11 NAME (OF HOSPITAL OR INSTIT	UTION (if not in haspital 12a U	SUAL OCCUPATION (Kind of	WOLK done 12	Md KIND OF BUSINESS OR FOUSTRY
within go	L.,	70M2	ON ICH	ESAPEN	E MALLORIUM	most of working life, even Retired Audi	tor	IDO3[K]
	13a	USUAL RESIDENCE (Where of ission) STATE MAI	deceosed fived, if institution	Res dence before 13	BC CTY OR TOWN 130 INSIDE CT	TY LIMITS? 13e STREET AND	NUMBER	
compound of compou	don	ission) STATE Md.	IN COUNTY Ba	ltimore	Baltimore YEX	NO ☐ 4522 N.	Charles	St.
exe and c	14.	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAMI	First	Middle	Last
be e re		John	J.	Jenkins		Mary .	A.	Simms
PHYSICIAN: The law requires that the death certificate be executed e hospital or attending physician his certificate has been signed by the ottending physician and completionated for use as the buriol-transit permit. Then please remove can Dept. of Health prior to buriol, crematian, or remaval, and in any event	160	WAS DECEASED EVER IN		SOCIAL SECURITY NO	17 INFORMANT		Address	
hys ral,		es, no, or unknown) (If yo	es give war or dates of service)	5-05-5418	A J. Richard Je	nkins 213 Ro	dgers Fo	rge Rd.
cer The man		18. CAUSE OF DEATH (En	iter anty one cause per line fa	or (a) (b) and (c))	1 0			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
he death ce s ottending p permit. The		PART I DEATH WAS	CAUSED BY.	an car	A brusto	+0		BEI WEEN UNSET AND DEATH
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it the or the or sit pe		Canditions, if any, which i	DUE TO, OR AS A	CONSEQUENCE OF	loty (1)	() D		6 × -
nsimo		rise ta immediate cause	(b) (b)	CAN DE	yruc c-0	' Mari	hal'	7 73
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by Pice		FART Z UTTER SIGNIFICAN	A	IO DENTH BUT NOT	RELATED TO THE TERMINAL DISEASE C	KCONDITION GIVEN IN PART	1(a)	
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trending as been as the laprior to the	Ã	190. DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFO		CALIEFE OF DEATH		DERED IN CERTIFYING
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cate		210 ACCIDENT WAS UNDED	ERLYING 216 TIME OF INJU OF DEATH HOUR A.M. M	URY anth Day Year	21c. HOW INJURY OCCURRED (En	nter nature of injury in Part	1 ar Part 2, Item	18}
of The Co	MEDICAL	(If either, not ty medical e	exominer) PM.	19				
OR ATTENDING PHYSICIAN: The law rebe retained by the hospital or attending DIRECTOR: After this certificate has been le 3 shauld be detached for use as the ed with the State Dept. of Health prior to	₹.	21d INJURY OCCURRED	21e PLACE OF INILIRY CATH	IOME FARM, STREET FACTOR CE BUILDING, ETC.	() 21f LOCATION Street or R.F.D.	No City at Town	Cor	unty State
De te to		While Not while at work						
ATTENDING P etoined by the CTOR: After thi should be det ith the State D		22a I certify that (I	l) (this haspital) attends	d the deceased	from 11 ne , 19 2 and that in (my) (our) c	48, 10 Bass	1-, 19	, that (1) (we) last
ON SALL		saw the deceas	ed alive on	2/19_	and that in (my) (our) o	pintan death occurred	an the dote or	nd hour ond from the
A ATTEN retoined retoined shauld with the			bave, (I) (we) (aid) (aid	not) view the boo	dy after death.			1
Marie A A A A A A A A A A A A A A A A A A A		226 SIGNATURE	AH ' 4		ATTENDING ATTENDING	_MED STAFF	22c DATE	SYGNED
be r be r bire	١,	4//2	15/10 X1	10en	DEGREE PHYS 4	DIRECTOR L PHYS	W 3/1	4/67
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UNI UNI Suffo	23a	BURIAL, CREMATION,	23b DATE	23c NAME OF CEN	ETERY OR CREMATORY	23d LOCATION (City or	Town) (Ce	ounty) (State)
Pog Pog Aire		REMOVAL (Specify)	3/6/1969		al Cemetery	Baltime	,	lto. Md.
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	03522		DIVISION OF		301 W. PRI ERTIFICA			RE, MARYLAND 212	201	035	16
	ECEASED NAME	First		Middle		Last		. DATE OF DEATH		-	2b HOUR
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	PART I. DEATH V	IMMEDIATE		BRONCHOPNE	UMONIA					days	
	9 1		DUE TO, OR	AS A CONSEQUENCE OF							
	Canditions, if any, w rise to immediate c		(b)							1	
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2				EART DISEA		112 1231111111	process on constr	TOTAL TOTAL TOTAL			
ATIO	19a. DATE OF OPERATIO	ON 196 CO	NOT ON FOR WI	IICH OPERATION WAS PER	FORMED	20a. AUTOPS	SY?	20b IF YES, WERE FIND	INGS CON	SIDERED IN CEI	RTIFYING
CERTIFICATION						YES	NO 🗌	CAUSES OF DEATH?	ZS		
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ED C	(If either, not fy med	col exominer) P.M.	19							
~	21d INJURY OCCURRI While hat while of work of wark			AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC	1			City or Town		County	State
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	saw the dec	teasea aliv ea abave. (e on <u>3/</u>	9/69	odv after de	nat in (na x) ath	(aur) opinian	death accurred an t	he date	and hour o	nd from the
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	mash	ay o	0.15.	art auf	Sharle GREE	PHYS	DIRECTO	OR STAFF	3	9 69	
	22d. PHYSICIAN'S NAME (Type) M	ADHAV	D. BARH	ANPURKAR,	M.D.	22e ADDRE VA H		FORT HOWAF	RD. N	ARYIAN	D
23a	BUR AL CREMATION	23b DA		23c NAME OF C				LOCATION (City or Town		(County)	(State)
	Burial		2/69	Cullepe			-	ulpepper, V		,	(aidie)
	FUNERAL DIRECTOR [Javiel	N.6.	ane apportss			OATEMAR 1				44
E	WERLY FUN	ERAL H	OME, FA	IRFAX, VIR	GINIA		DATEMAK I	3 1969	want.	70	



1 /		03523		DIVISION OF V	TAL RECORDS,	301 W. F	PRESTON STRE	ET, BALTIMO		YLAND 21201	0351	ילי
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	7	Parkville		11. NAMI give stre	OF HOSPITAL OR IN: et address) 8704 Sumi	stitution (If	not in hospital	12a. USUAL OC during most of Hous	CUPATION (f warking h e Kee	Kind of work done fe, even if retired)	12b. KIND OF INDUSTRY	BUSINESS OR
le deoth certificate be executed within ottending physician and completely find permit. Then please remove carbon on, or removal, and example event, with	odm	usual residence (Where sission) STATE Maryl	and	lived, if institution 13b. COUNTY Ba	Residence before 1 timore	13c CITY O	R TOWN 13	AEZ NO		ET AND NUMBER Summit A	renue	
× 459	14. F	FATHER'S NAME First		Middle	Lost	1	S. MOTHER'S MAIL	DEN NAME First		Middle		Lost
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ter The promo		18. CAUSE OF DEATH (I	Enter only	one cause per line	far (a), (b), and (c).		- 0		4		APPROXII	MATE INTERVAL NSET AND DEATH
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ires ysici ned rial-i		lost.		(c)							<u> </u>	
ing PHYSICIAN: The low requires the by the hospital or attending physicion. Iter this certificate has been signed by be detached for use os the burial-troistate Dept. of Heolth prior to burial, cre	N	PART 2. OTHER SIGNIFIC	ANT CONDI	TIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED T	O THE TERMINAL I	DISEASE OR CONDI	TION GIVEN	IN PART 1(o)		
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토 등 등 등 등 (A)	RTIFI						YES 🗀	NO 💢				
al ol icate for t		210 ACCIDENT WAS UN OR CONTRIBUTING CAU	SE OF DEATH	HOUR A.M.	BURY Manth Day Year	21c. F	IOW INJURY OCCU	RRED (Enter note	ure af injury	in Part 1 or Part 2, It	em 18.)	
spit ertif ed of	MEDICAL	(If either, natify medica	Lexaminer) P.M.	19		OCTUBEL CO.	P.F.P. 44		-		<i>**</i>
ther this certificate has been signed by the offending physician and to be detached for use os the burial-tronsit permit. Then please remostrate Dept. of Heolth prior to burial, cremation, or removal, and is any	-2	21d. INJURY OCCJRRED While Nat while of work	1		HOME, FARM STREET, FAR FICE BUILDING, ETC.		OCATION Street		·	r Tawn	County	Stote
Stat		220. I certify that sow the decec couses stated	(I) (this	haspital) atteng	led the decease	d from_	1-65	1969	, ta	3.70_,19_	67, that	(I) (we) la:
R: /		couses stated	obove, ((l) (we) (did) (di	d not) view the	body after	deoth.	i (Sar) obinian	i aeain oc	curred on the dot	e ona nour	and from th
sho of the h		22b. SIGNATURE		17 (, , , , , , , , , , , , , , , , , , , ,					22¢ D	ATE SIGNED	/ -
DIRE DIRE Sed w				16	5.4.4	DEG	V 111.04	DIRECT	OR 🗆	STAFF PHYS.	3,70	. 60
roge 4 may be retoined by to FUNERAL DIRECTOR: After director, page 3 should be described with the State		22d. PHYSICIAN'S NAME (Type) Kei	th A	Manley	Ma Da		22e ADDRE	S York Ro	ad			
Ould ould	23a.	BURIAL CREMATION.	23b DA		23c NAME OF	CEMETERY OF		230	d LOCATION	l (City or Town)	(County)	(State)
윤선		RFMOVA (Specify) Burial	3/2	4/69	Holy 1	Redeem				more, Mary	land	
RAIS		FUNERAL DIRECTOR	nole 1	two E205	ADDRESS	Dond	27271	DATE VIEW RECTOR BY REC	SISTRAP96	9 25b ACCEARS	THAT I	pe.
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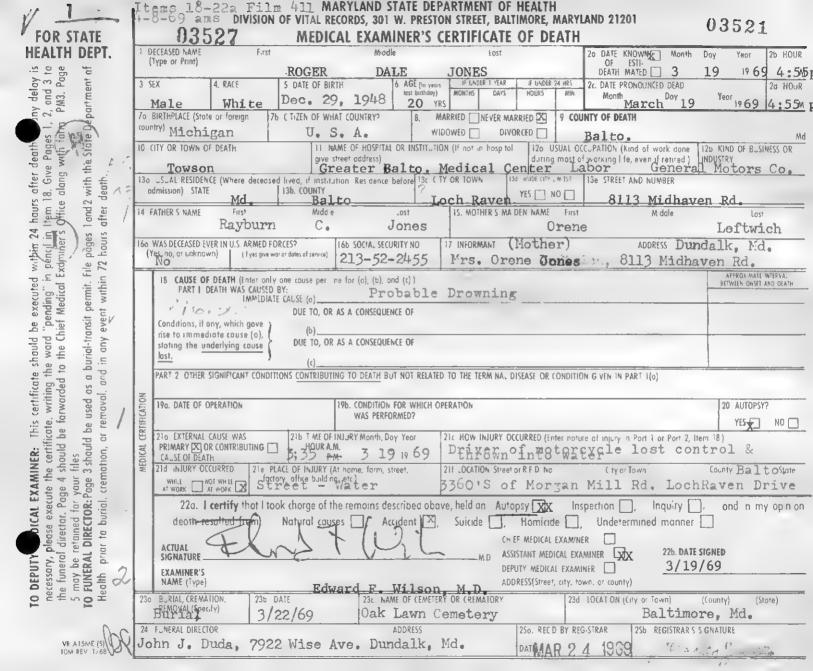
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FOR STATE	It	emal3a thru e	FilmMEDICAL2	EXAMINER'S	CERTIFICATE C)F DEATH		03518	
HEALTH DEPT.			erst	Middle	Lost		2g DATE KNOWN Month	Day Year	2b HOUR
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lay is 1.3 to Poge ent of	3 5		5 DATE OF BIRTH	6. AGE (In y	OUTS JE UNDER 1 YEAR	F JNDER 24 HRS	2c DATE PRONOUNCED DEAD		2d HOUR
2, and 3 PM3 Po	м	ale White	1/9/191	last birthdo	YRS MONTHS DAYS	HOURS MIN.	Month Day March	9 Year	16.20%
_E ~ a 1 在 7 1	-	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUR		MARRIED NEVER MARR	ED 7 9 COUL	TY OF DEATH	9 2.6	TIPOLITA
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Stote	1D. (ITY OR TOWN OF DEATH		HOSPITAL OR INSTITU	IT ON (I not in haspital	120 USUAL OCC	Balto. UPATION (Kind of work dane)	125 K ND OF BU	JS NESS OR
deo ve Po y wit		Torres	give street ad	Idress)	77	during most of	working life, even if retired.)	INDUSTRY	
after death 8. Give Poges 1, along with form with the State peath	13a.	USUAL RESIDENCE (Where dece		ard Pratt	Hospital	INSIDE CITY LIMITS?	130 STREET AND NUMBER	Hamp	on .
of wild with	v	dmission) SIATE	Age Constantion: Ke		Towsbur	TES NO TES	Skeppard /Pr	Avogeda Naka Mada	Sard.
ond 2	$\overline{}$	ATHER'S NAME . First	M,ddle	Last	Is MOTHER'S MAIDEI	N NAME First	Middle	arr/nos	Triar_
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nci/m numer a pages hours,	160	WAS DECEASED EVER IN U.S. ARME	DEPORCES? Web SO	CIAL SECURITY NO	17 INFORMANT	CALRI	ADDRESS .	-1/114	
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d with the Exon		In cause of pearly (face)	-1	(-) (1) (1)	I VINA . I V	70/1000	in the same		TE INTERVAL
xecuted Iding" in Medico. E. permit. F		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	SED BY		mi			BETWEEN ONS	ET AND DEATH
be execute "pending" ref Medico nsit permit		7/20//	DIATE CAUSE (a)		rioscierotic	e cardio	vascular disea	se	
e e e e e e e e e e e e e e e e e e e		Canditions, if any, which gove	DUE TO, OR AS A CO	DNSEQUENCE OF					
ould be exvord "pend ne Chief Me al-transit pu		rise to immediate couse (a)	(b)	ONSECUIENCE OF					
should be executed within-24 hours to word "pending" in pencifn Item. I to the Chief Medico. Exomiter soft ce burial-transit permit. File pages Fand 2 in any event within 72 hours, offer d		stating the underlying cause	DOE TO, OK AS A C	OHJEQUENCE OF					
she whe whe was to the to the burned in		DADE O OTHER SIGNIFICANT CO	(c)	DEAT., D.IT NOT DELL	TED TO THE TERMINAL DIS	SAFE OR COUR TIO	COURT IN DIST 17)		
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	101	19g. DATE OF OPERATION	119h CC	ONDITION FOR WHICH	OPERATION			2D AUTOF	(A.)
s certii e, writ farwoi used emova	CERTIFICATION	THE ON DELIVERIOR		AS PERFORMED?	D. [XX NO 🗆
be at 1	ERTI	210 EXTERNAL CAUSE WAS	216 T ME OF INJURY I	Month Day Year	21c HOW INTORY OCC.1	IRRED (Enter nature	of injury in Part 1 or Port 2,		CX IIO
<u></u>		PRIMARY [OR CONTRIBUTING	HOUR A.M.	19	A TO THOSE MISONE OCCO	MALO (E.118) NOTOS	or injury in run r ur run z,	110111 10 }	
NER Shoul Shoul files. 3 sho ation	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 216	P.M e PLACE OF INJURY (At home		21f LOCATION Street or I	RED No.	City or Town	County	State
KAMINER: te the certi 3e 4 should your files. orge 3 should cremation,		WHILE CON COT WHILE CON	factory, office building, etc.)	, 10-11, 311001,	211 COCK TOTAL STOOT OF	110 110	City of Town	COO!y	21010
57 5 97 ma.		AT WORK AT WORK		1 1 1	1.11	- BO'A)	F-3 () F	<u> </u>	
bical E bical E bical E bical E bical E bical E bical			taok charge of the rem				ection [], Inquiry [my opinian
pleose e de rector retained L DIRECT		death resulted from:	Natural causesXIX], Accident		Hamicide,	Undetermined monner		
Ty pleose y, pleose erd d rect be retaine (AL DIREC		ACTUAL & Com	ed W	1.6		MEDICAL EXAMINER		r crouse	
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DEPUTY ecessary, p ne funeral moy be re FUNERAL ealth prio		EXAMINER'S			ADDRE	Y MEDICAL EXAMIN ESS(Street, city, low		3/0/69	
10 DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr	22	NAME (Type)	Ronald N. Ko		•			15- h	(5)
O E E VOIT	230	REMOVAL (Specify)	Bb DATE	23C NAME OF CEME	TERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
	24	FUNERAL DIRECTOR	3-10-64	Mally W	100d -ET	meter K	STRAP JOSE PERISTRAPS	SIGNATURE	
VR A15ME (5)	24	11 Ton	1)	AUGRESS	11 all	MAK T'4	1969	The Market	e-
10M REV 1/68	- 6	am A. In	oner 4 Day	y. da	ea. Ma	AIL		() ()	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03525 CERTIFICATE OF DEATH L. DECEASED NAME First Middle Lost 20. DATE OF DEATH death. Month 3 and within 24 hours after death (Type or print) Leslie Guy JONES IF UNDER I YEAR 4. RACE S. DATE OF BIRTH 6 AGE (In years 3 SEX lost_birthdoy) DAYS HOURS April 15, 1965 Male Negro YRS 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign MARRIED T NEVER MARRIED country) Baltimore U.S.A. WIDOWED [DIVORCED [Maryland within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Pose wood State during mast af working life, even if retired) INDUSTRY Owings Mills attending physician and campletefy! permit. Then please remave carbon and campletely directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carl shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, 13c CITY OR TOWN 13e STREET AND NUMBER 13g USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY I MITS? requires that the death certificate be executed admission) STATE Maryland 136 COUNTY Somerset Princess YES EXT NO Box 124 B Middle 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First First Benjamin Douglas Jenifer Ann Jones Oscar 16b. SOCIAL SECURITY NO 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no. or unknown) Rosewood Records, Owings Mills, Md. 21117 18. CAUSE OF DEATH (Enter only one couse per in for (o),
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUE Conditions, if ony, which gove rise ta îmmediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending **D FUNERAL DIRECTOR:** After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗍 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while 22a. I certify that (1) (this hospital) attended the deceased from July 26, , 19.66, ta Mar. 8, , 19.69, that (1) (we) last saw the deceased alive an Mar 8, 19.69 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above (1) (we) (d d) (d a pot) view the bady after death. 22c DATE SIGNED 22b SIGNATURE **ATTENDING** MED. DIRECTOR Mar. 10, 1969 22e ADDRESS 22d. PHYSICIAN S Owings Mills, Maryland. 21117 A. Jones. M.D. NAME (Type) Richard 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23o. BURIAL CREMATION 23b DATE 0 24. FLINERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68









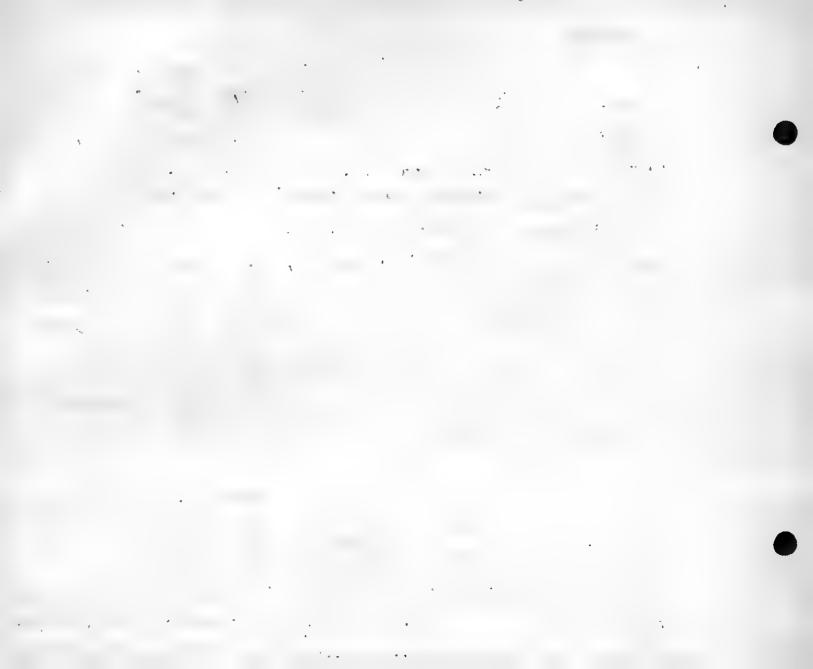
MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03522 CERTIFICATE OF DEATH 03528 2b. HOUR to 1. DECEASED NAME Last 2a. DATE OF DEATH Middle deoth. deoth. (Type or print) e2 Jordan John W. March 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4 RACE 5. DATE OF BIRTH last bighday) DAYS HOURS M W MONTHS 2-24-1915 YRS hours 7o BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Baltimore DIVORCED [USA WIDOWED | Md. Md The law requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10, CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) Nursery Nursery during most of working life, even if retired.)
Sales-Supervisor Cockevsville Road Warren TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete director, page 3 should be lifetached for use as the burial-tronsit permit. Then please remove carb should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d FAISLDE CITY JAM, IS? 13e STREET AND NUMBER odmission) STATE YES 💢 NO T timore Cockeysvill Warren Road Md. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First M'ddle Last Reihl Marie Henry Jordan John 16b. SOCIAL SECURIT: NO 77 INFORMANT Address 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) (If yes give war or dates of service) Same 216-05-11.08 Florence E. Jordan APPROXIMATE NTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DICENCE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ARTERY BUSDEN ORONARY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). AORTIC HYPERTENSION Poge 4 may be retained by the hospital or attending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TO 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TO HOSPITAL OR ATTENDING PHYSICIAN: OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 218. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d INJURY OCCURRED County City of Town While Not while at work 1965 and that in (my) (our) opinion death accurred an the date and hour and from the saw the deceased alive an_____ causes stated abave, (!) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22e. ADDRESS 2045 22d. PHYSICIAN'S Dr. Keith York Road NAME (Type) Mehley 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Tawn) (County) (Stote) BURIAL CREMATION, Burial (Specify) 3-11-69 Balto Fork Methodist Fork Md 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VI : Sons Co York Road 30M REV



22.5 W. K. . .

MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03524 dilo 3/17/69 kk CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 2a. DATE OF DEATH Be executed within 24 haurs after death. (Type or print) March 10. William Klingelhofer E. 2:10 M 5. DATE OF BIRTH IF JINDER 24 HRS SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR and campletely filled in by the last highday) Male White 5-13-1886/ 1885 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [NEVER MARRIED] 9. COUNTY OF DEATH 7p. BIRTHPLACE (State or foreign Baltimore U.S.A. Baltimore DIVORCED [WIDOWED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR and in any event, within IO. CITY OR TOWN OF DEATH St. Joseph Hospital during most of working life, even if returned. Clivet Cem. please remaye carban Towson 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 136 INSIDE CITY DIMITS? 13e. STREET AND NUMBER Allen Rd. Randallstown Md. odmission) STATE Baltimore Randallstown IS NO DO IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle East Adolph Klingelhofer signed by the attending physician burial-transit permit. Then please PHYSICIAN: The law requires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na, ar unknant 13-05-8411 A Mrs. Helen M. Klingelhofer 308 Allen Rd. ar remayal. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) bilateral broncho-pneumonia cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar tall. bilateral pyonehphrosis 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗀 YES 🔀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. Na. 21d INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (A) (this haspital) attended the deceased from January 16, 1969, to March 10, 1969, that (N) (we) last saw the deceased dive on March 10, 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. March 10, 1969 director, page 3 should be filed v DEGREE 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Reynaldo Or juela-Gomez, L.D. 7620 York Rd., Towson, Md. 21204 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23a BURIAL, CREMATION, (County) REMOVAL (Specify) March 13, 69 REGISTRAR 25b. REGISTRAR'S SIGNATURE Holy Family Cemetery
ADDRESS 25c 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 13 Williamston Ocedor oring Byers Chapel 8728 Liberty Rd. 21133



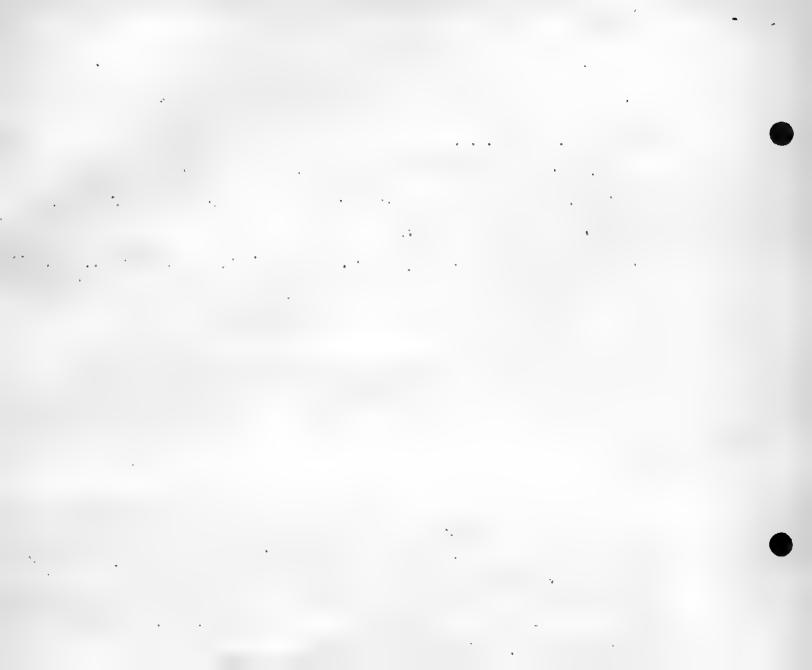


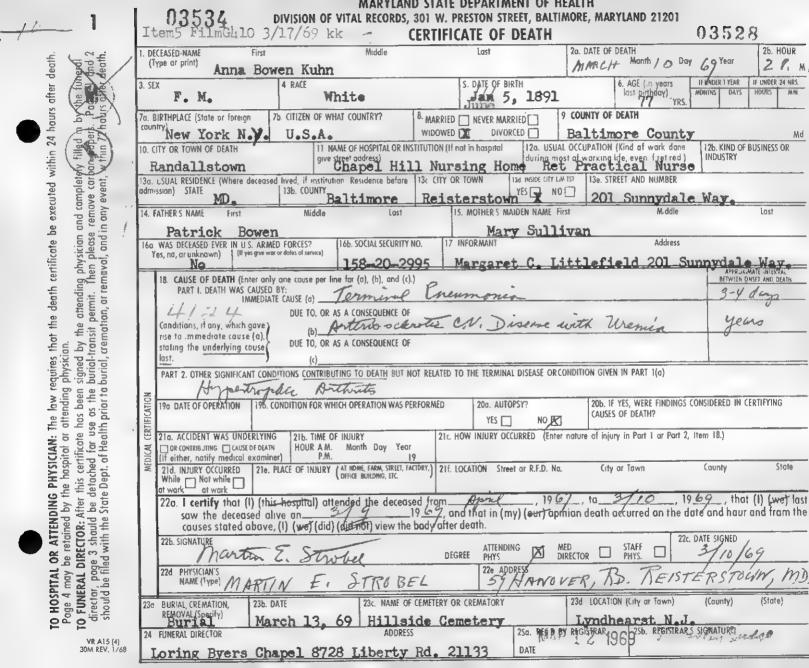
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	14. F	ATHERS NAME First Henry Kraus	Middle Lost	15. MOTHER'S MAIDEN NAME Mary	First Middle	Lost
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SP		yes WW	I 220-30-72	08 Mrx. John a.	Kraus, 23 Maple Av	APPROXIMATE INTERVAL
burial, cremation, or ref. $EXAM = DR$,		Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO OR AS A CONSEQUENCE OF	ON ARY THRO	FRTLUNG.	MINUTES. 57 MOS
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7	WEDICAL CER	21a ACCIDENT WAS UNDERLYIN DR CONTRIBUTING CAUSE OF DEATH (If e ther, not fy med cal examin	HOUR A.M. Month Day Year P M	9	r nature of injury in Port 1 or Port 2, It	em 18)
Ass		ot wark at wark		(TDRY.) 21f LOCATION Street or R.F.D No.		County State
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director, page 3 shay d be detached for use as the should be filed with the State Dept. of Health prior to	Bı		19/69 Lorrai:	CEMETERY OR CREMATORY ne Park Cemetery	23d LOCATION (Cly or Town) Baltimore, Maryl	(County) (Your and
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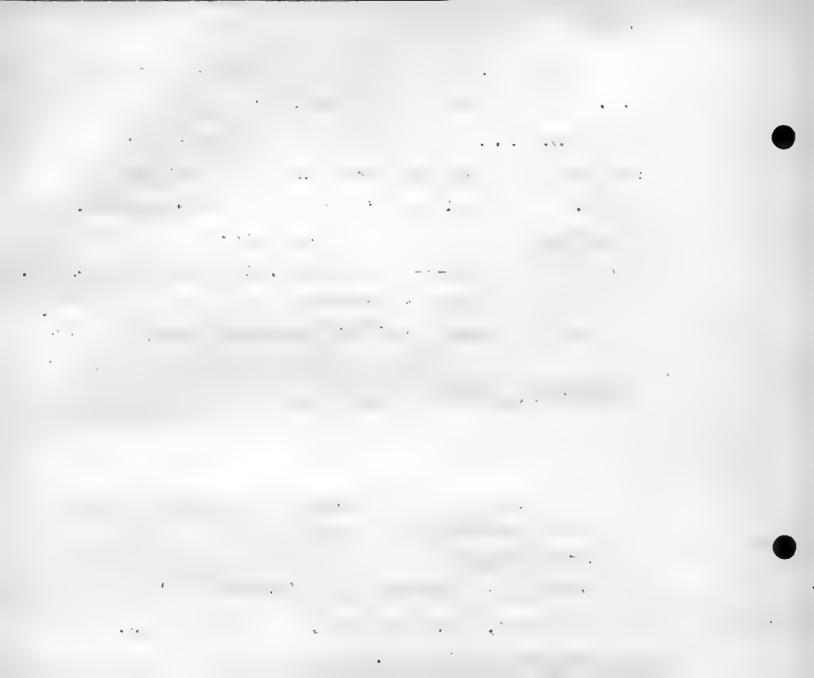


	1	MARYLAND STATE DEPARTMENT OF HEALTH
- 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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hau in by irs.	caul	3/RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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	10.	PIKESVILLE GIVE Steel address) MANOR NURSING HOME HOUSEWIFE NO. STRY HOME NO. STRY HOME
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ertificate be physicion a nen please i noval, and in	Lién	JACOB LEVITON MARY 7 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address
freat ysici al, a	100	es, no, or unknown) (If yes give wor or dates of service) 213-05-5620 MR. SIMON LEVITON. 6512 EBERLE DR., APT. 203
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3 PHYSIC the hospil this certi detached e Dept. al	₹	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State
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DIN by Wfter be Start		220. I certify that (I) (this hospital) attended the deceased from 1907, 1907, ta William the deceased from 1907, and that in (my) (aux) engine death accurred an the date and have and from the
ATTENDING PHYSICIAN: The low requires that the death certificate be executed etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and cample shauld be detached for use as the burial-transit permit. Then please remove call the state Dept. of Health priar to burial, cremation, ar removal, and in any event		220. I certify that (I) (this hospital) attended the deceased from
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health priar to burial, cre-		BUR AL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	03535 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03529
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN D Month Doy Yeor 20 HOUR (Type or Print) William Kurrle & OF ESTI- DEATH MATED NAME 7 1969
delay and 3	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 15 LNDER 1 YEAR 15 LNDER 24 HRS 20 DATE PRONOUNCED DEAD 4 NO. 18 NO.
2, n	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED 19 COUNTY OF DEATH
ges farr	Baltimore USA WHOWED DIVOKED BALLIMORE CO. M.
haurs after death any Item 18 Give Pages 1, 2, Office along with farm and 2 with the State Depage after death	Dundalk 10 CRT Y OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito. 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12d USUAL OCCUPATION (Kind of work done 12d USUAL OCCUPATION (Kind of work don
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hin 24 nal in mar's mor's hours	160 WAS DECEASED EVER IN S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Mohr Pd
with with	(Yes_no, or unknown) (If yes give wor or dates of service) 219 05 8339A Elmer B, Kurrle KingsvilleMd
	18 CAUSE OF DEATH (Enter only one couse per line for (0) 40), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRODUCT CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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VER: This certificate nauld be lies. should be tion, ar re	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P M 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No City or Town County Stote
	the state of the s
DEPUTY SICAL EXAM ressary, please execute the funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry) and in my opinion
ICAL E) Personal tar Paged far (CTOR: Purnal)	220. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from, Notural causes, Actident, Suicide, Homicide, Undetermined manner
please e directar dir	CHIEF MEDICAL EXAMINER
TO DEPUTY SIC, recessory, please ethe funeral director 5 may be retained TO FUNERAL DIRECT Health prior to bu	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
TO DEPUTY Hecessary, the funeral 5 may be r TO FUNERAL Health price	EXAMINER'S NAME (Type) Melvin Davis M. DM G. SOO HEADDRESS (Street, Str. 1949 F. County) Dundalk Md. 2/22
the Hec	230 BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) = REMOVAL (Specify)
	Burial March 6, 1969 Loudon Park Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR ADDRESS 250 REC STRARS SIGNATURE.
VR A15ME (500	Dippel Brothers Inc. 7110 Belair Rd.
10M REV 1/68	Love A M.



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	1			AND STATE DEPARTMENT		
		00500	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 2120	03530
		03536		CERTIFICATE OF DEA	TH	00000
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rad nad s		lyne or print)			Month	Day Year
death and and death			erty Irene	Kyriakou	3	2 1969 8:15A M
	3. S	EX	4 RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	F JNDER 1 YEAR IF JINDER 24 HRS. MONTHS DAYS HOURS MIN
	1	Female	White	9-4-		YRS.
- E - E	7a.	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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\$ \$ 8 8 8 /		Pa,	V com	Mckeescort YES	2 NO 1918 Bai	lie Ave,
eyacuted to comple emave co	.14	FATHER'S NAME First	Middle La	st IS MOTHER'S MAIDEN N	IAME First Midd	le Last
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PHYSICIAN: The law requires that the death certificate be the haspital or attending physician. This certificate has been signed by the attending physician a trached far use as the bund transit permit. Then please to Dept. at Health priar ta burial, crematian, ar removal, and in	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SECU	RITY NO 17 INFORMANT .	Addre	iss
fica ysic ple ple		fes, na, ar unknawn) (If yes g	tve war or dates of service)	Charles	YTIA KOU	ressourt, Par
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em The		18. CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and JSED BY:	1 (c))		BETWEEN ONSET AND DEATH
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ysine mal	1		(c)	IT HOY DELATED TO THE TERMINAL D.CCA.	CE OD COMPLETION CHURCH IN DAPT 1/-)	
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is a significant		21a. ACCIDENT WAS UNDER!	LYING 215. TIME OF INJURY		(Enter nature of injury in Part 1 or Pa	ort 2, Item 18.)
The first of the	를	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Manth Day			
SSIC spirited ined	MEDICAL	214 INTUDY OCCUPATED TO	OTHER PLACE DE ANHIEV CAT HOME FARM STRE	T FACTORY & 214 ADCATION Steers or D.I.	F.D. No. City or Town	County State
act of the part of			OFFICE BUILDING, ETC	ET, FACTORY.) 21f LDCATION Street or R.I	F.D. 140. City di Idavii	County State
DING PHYSICIAN by the haspital frer this certifica be detached fan State Dept. af He		at work ot wark				
TENDING ined by th DR: After t auld be de ithe State		22a. I certify that (I)_	<u>(this hospital)</u> attended the dec	eased fram Feb 8 1969_, and that in (my) (au the bady after death.	, 19 <u>09</u> , to Mar. 2	, 19 <u>69</u> , that (I) (we) last
N P P P	Н	saw the deceased	dive on March Z	196.9, and that in <u>(my</u>) (au	ır) apınıan death accurred an th	ie date and haur and fram the
OR ATTENE OR ATTENE be retained JIRECTOR: A Fe 3 should ed with the	1	causes stated and	ave, (L (we) (ala) (ala har) view	me bady affer death.		OR DATE CLOSED
ECTO S showith	1	22b. SIGNATURE	7 /10	ATTENDING -	MED. STAFF	22c. DATE SIGNED
OR be r	1	VM	7, Acaus	DEGREE PHYS L	DIRECTOR PHYS.	Mar.3, 1969
Al of all all all all all all all all all al	1	22d PHYSICIAN'S		22e. ADDRESS		
4 65 EE 3 1	1	NAME (Type) Joh	n E. Adams, M.D.	Great	er Balto.Medical	Center
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial transit permit. Then please remave carban pagers. should be filled with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 has been attended to the complete of	23 a	BUR AL, CREMATION. 23	Bb. DATE , 23c. NAM	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Pag C		BUR AL, CREMATION, 23 REMOVAL (Specify)		0111	m. Bultimore	8 1
	24	FUNERAL DIRECTOR	ADD			RAR'S SIGNATURE
VR A15 (4) 30M REV. 1788	1	Nicholds T.				Charles Judge
30W KEY, 1788	1	3021 Ea	stern Ave., Ba	timore, Md. DATE	MAR 7 1969 &	mary Judge



MARYLAND STATE DEPARTMENT OF HEALTH





I may be a second		03539-	DIVISION OF VIT			PRESTON STR		RE, MARYLAN	ID 21201	0353	73
(14)	1 0	ECEASED-NAME First		Middle	LEIXIIII	Last		DATE OF DEATH		0000	-
to A to a	(1	(ype or print) Char	les	M		Lam	20.	Marc	onth 25	Y805	2b HOUR
fun L c	3. SI		4. RACE			S DATE OF BIR	TH				IF UNDER 24 HRS.
afte the ages		Male	White			Sept.	12,1903	last	E (In years biphday) 05 YRS.	MONTHS DAYS	HOLRS MIN
by by auri	7o. l	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT C	OUNTRY?	8 MAPRIE	NEVER MARR		UNTY OF DEATH	, ,,,,,,		
in in Physics 2 h	cour	Virginia	U.S.A.		WIDOWE			Baltim	ore		M
physicion. signed by the attending physician and completely filled in by the funkage burial-transit permit. Then please remove carbon papers. Pages Landburial, cremation, or remayal, and in any event, within 72 haurs after deaburial.	10 (ITY OR TOWN OF DEATH	11 NAME O	of HOSPITAL OR INS oddress) Oaklei	NOITUTITE	not in hospital	120 USUAL OCC	UPAT ON (Kind	of wark dane	12b. KIND OF E	IUSINESS OR
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comple comple cove co	adm	issian) STATE Marylan	13b COUNTY	timore	1		YES NO		Dakleig	h Rd	
em o	14	FATHER'S NAME First	Middle	Lost		IS. MOTHER'S MAI	DEN NAME First	•	Middle		Last
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E P P P P P P P P P P P P P P P P P P P	F	IR. CAUSE OF DEATH (Enter on	ly one cause per line to	r (a), (b), and (c)	1						NATE INTERVAL
Hara Hara		1B. CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSED IMMEDIA	BY (30	ar esu	'a un	W/0 -	~ left	(my.	ucher		months
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hot n. yy tl		rise to immediate cause (o), stating the underlying couse	(b) DUE TO, OR AS A	CONSEQUENCE OF							
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quires the physicion. signed by burial-tro		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PA	RT 3(a)		
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se se st	I E					YES	NO [CAUSES OF DE			
in the second se	19	210. ACCIDENT WAS UNDERLYIN		URY anth Day Yeor	21c	HOW INJURY OCCU	IRRED (Enter notu	re of injury in Po	ort 1 or Part 2, I	tem 18.)	
TCL A Sa	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	19							
by the hospital ar ottending by the hospital ar ottending first this certificate has been be detached for use as the State Dept. of Health prior to	×	21d INJURY OCCURRED 21e While Nat while at work	PLACE OF INJURY (AT H	OME. FARM, STREET, FAC CE BUILOING ETC	30RY.) 21f.	LOCATION Street	or R.F.D. No.	City or Taw	'n	County	State
ING Dy the ter ter tate		22a 1 certify that (I) (the saw the deceased a	is haspital) attende	ed the decease	ed fram	1,4	, 1968	, to <u>3 . 3</u>	<u>م, او</u>	69, that	(1) (we) las
TEND lined H OR: Aff auld H		saw the deceased a causes stated abave	live an <u>3 (3</u> e, (1) (we) (did) (did	nat) view the	१ <u>६५</u> , a bady afte	nd that in (my r death.) (our) apinian	death accurr	ed an the da	te and havr o	ind fram th
OR ATTENDING be retained by it DIRECTOR: After it ge 3 should be led with the State		22b. SIGNATURE	lilore	, MD	DE	GREE PHYS	MED.	OR STAF	224.	DATE SIGNED . 2 7. G	9
TO HOSPITAL OR ATTENDING PHY Poge 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detoc should be filed with the State Dep		22d. PHYSICIAN'S NAME (Type) JOS	eph Sklove	n M.D.		22e. ADDR				e, Mary	land
OSP Participan	23-	BURIAL, CREMATION, 23b.		23c NAME OF	CEMETERY (LOCATION (City		(County)	(State)
Pog. TO FL dire sho		REMOVAL (Specify) 3/	28/69	Parkwo	od		E	Baltimor	e, Mary	land	(210.0)
VR ATS (8)	24	funeral director Loonard J Ruc	k Inc. Ba	ltimore,	Mary	land	250 RECD BY REG	1963	B REGISTRARS	MONATURE	2

MAKTLAND STATE DEPARTMENT OF HEALTH



				AND STATE DEPARTMENT		
		03540	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BA		03534
	T	tem#5,FilmGb10	3/21/69 lon	CERTIFICATE OF DEATH		2003
e, 01,2	1. DI	CEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
death.	(1	ype or print) RI	CHARD M.	LARKICK SR.	MARCH 16 Doy	1969 M
de Trans	3. 58	Х	4. RACE	S DATE OF BIRTH I	906 6 AGE (In years	FUNDER YEAR OF UNDER 24 HRS
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_ s 32%	70 1		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED PG NEVER MARRIED	9. COUNTY OF DEATH	
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nin 24 h filled in popess			11 NAME OF HOSPITAL O	R INSTITUTION (If not in hospital 120 U	SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
	L.C.	ity or town of DEATH atonsville	give street address)	Symington Ave during	mast of wacking life, even if retired.)	ACCt.
d w carb	130	USUAL RESIDENCE (Where decease	ed lived if institution. Residence bef			
Sexecuted withing and completely fremave carbon nony event, with	adm	ission) STATE	Baltimore_	Catonsvill'	ю 24 N. Symir	ngton Ave.
d co		ATHER S NAME First	Middle Lo			Lost
and and in on	П	Richard F	R. Larrick	Mary Du	nbar	
physician physician nen presser	160.	WAS DECEASED EVER IN U.S. ARA	AED EORCESS TAN SOCIAL SECUE		Address	
1	1	es, no, or unknown) (If yes give w	vor or dates of service) 220-18	3-8446 Mrs Agnes	O'h. Larrick a	24N. Suminati
G P P		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a) (b) same			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne deoth cer attending p permit. The		PART (DEATH WAS CAUSE)		remana of to	no Sumach	minters
dec iffer iffer iffer		:519	DUE TO, OR AS A CONSEQUENCE		Total Control of the	
the of the office of the offic	1	Conditions, if any, which gave trise to immediate cause (a), (
hat J. Hy H		rise to immediate cause (a),	(b) DUE TO, OR AS A CONSEQUENCE	OF		
d b b rt-r		stating the underlying couse last.	(4)			
equires that the physician. signed by the buriol-transit puriol, cremati	'	PART 2. OTHER SIGNIFICANT CON	(DITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART 1(a)	
req in si		Alders CO	6 tul - 500	else to in Cola	~~~	
law ndir bee s th ior t	(III)	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	S PERFORMED 2Da. AUTOPSY?	2Db IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
he offe	CERTIFICATION			YES NO	CAUSES OF DEATH?	
Series V		21a. ACCIDENT WAS UNDERLYIN			nter nature of injury in Part 1 ar Part 2,	Item 18.)
Ference File	MEDICAL	OR CONTRIBUTING CAUSE OF OFAT	THE HOUR A.M. Manth Day 1	feor		
osp cert cert cert cert	₩.	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET	T, FACTORY) 21f. LOCATION Street ar R.F.D.	No. City or Town	County State
PH ne h this effor Del		While Not while at work				
NG Y ##		22a. I certify that (i) (th	is haspital) attended the dec	eased fram 125 , 19 19 65, and that in (my) (ser) the bady after death.	969, to 3/16, 19	69, that (1) (1991-last
NDI d b d b d b d b e SS		saw the deceased a	live an	19 65, and that in (my) (per)	apinian death accurred an the do	ate and haur and fram the
on in the state of	П	causes stated abave	(we) (did) (did not) view	the bady after death. (L)	wel mo)	D.ITE CLONES
OR ATTENDING De retoined by the NRECTOR: After the e 3 should be do ed with the State	П	22b. SIGNATURE	. D. A.	DEGREE PLAYS	MED. STAFF DIRECTOR PHYS.	DATE SIGNED
be de le de	L	YAMO	Mira	DEGREE PHYS. L-1	DIRECTOR L PHYS. L	3/18/69
RAL RAL Po	1	22d. PHYSICIAN'S NAME (Type)	NOLAN	22e. ADUKGA	the as med	16 CHC
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certified Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the buriol-transit permit. Then poshould be filled with the State Dept. af Health prior to buriol, cremation, or removal,	23.0	BURIAL, CREMAT ON, 23b.	DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
P. P. G. S.	100	_REMOVAL (Specify)	FCh 191969 C.	rest Lawn Cemete	ery=Howard Cty,	Maryland
E E	24	FUNERAL DIRECTOR SEETLING	JUNEVAL CAMENTA ADD	RESS 25o. REC'	D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
30M REV 1(68)		736 Ed	lmondson Ave,	DATE N	4R 2 0 1969 Fills	rely Judges
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		03541			CERTIFIC	ATE OF D	EATH		73535
THE SE	1. 0	ECEASED-NAME First Type or print)		Middle	,	Last	2a. DA	TE OF DEATH	2b. HOUR
dec dec		7		SALLY	LAU	FER		Manth 3 Day	3 Year 69 2 3 M
th fu	3. 5	Μ.	4. RACE	W		5. DATE OF BIRTI		6 AGE (In years last birthday) YRS.	MONTHS DAYS HOURS M.N.
n 24 hours of illed in by the papers Pagain 72 hours	COA	"''' Germany	USA	WHAT COUNTRY?	WIDOWED			ry of DEATH Saltimore	hM
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e executed within 24 hour god-completely filled in by remave corban papers. Progression of the progression o	3a. adm	LSUAL RESIDENCE (Where deceased issian) STATE $\mathbb{N}_{\perp}\mathbb{D}$	lived, if nst 13b COUNT	itulion Residence before	13c CITY OR Randa	TOWN 30 Llstovi	INSIDE CITY LIM TS7	3e STREET AND NUMBER 4 Albess Ct	ū .
and com	14	FATHER 5 NAME First Hermann	Middle	Laufe	er	MOTHER'S MAID	EN NAME First Hulda	Middle	Cohn
ert ficate b physician ien please ioval, and	160	WAS DECEASED EVER IN U.S. ARMER (es, no or unknown) (It yes give wor	FOR (ES? or dates of service)	166 SOCIAL SECURITY		NFORMANT La		Address	5 9 .
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert ficate be executed within 24 hours after death Page 4 may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-trans t permit. Then please remove carban pagers Pages and shauld be filed with the State Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial, cremotion, or removal, and in the state Dept of Health prior to burial.	MEDICAL CERTIFICATION	190 DATE OF OPERATION 19b. CO 21o. ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (If either, notify medical examiner 21d. IN.JRY OCCURRED 21e. PL While Not while	DUE TO, CO (b) DUE TO, CO (c) TIONS CONTR (A) TIONS CONTR (B) TIONS CONTR (C) TIONS CONTR (A) TIONS CONTR (B) TIONS CONTR (C) TIONS CONTR (C) TIONS CONTR (D) TIONS CONTR (E) TIONS CONTR (D) TIONS CONTR (E) TIONS CO	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF INJURY M. Month Day Year (AT HOME, FARM, STREET, F.) (OFFICE BUILDING, ETC.) (Ittended the decease (I) (did nat) view the	Perts Veus NOT RELATED TO ERFORMED 21c. HO 19 KTORY,) 21f LO	200. AUTOPS) YES OW INJURY OCCUR CATION Street a T - 2 L that in (my) leath. ATTENDING PHYS 22e. ADDRES	NO PRED (Enter nature of RFD Na Arr, 1969, to (aur) apinian de	GIVEN IN PART I(a) Ob. IF YES, WERE FINDINGS CO AUSES OF DEATH? Finjury in Part 1 or Part 2, It City or Town STAFF PHYS 22c D STAFF STAFF	
HOSPI age 4 r FUNER irector, hauld t		BURIA , CREMATION 235 DA	f i	23c NAME OF	CEMETERY OR	REMATORY		erty Rol	(Caunty) (State)
VR A15 (4)	24 8	REMOVAL (Experts) 3/ PONERAL DIRECTOR LENGTH LORECTOR	42 40	Cecles ADDRESS		25 mgf D	ATE PECA BY REGISTR	AR 1969 25b REGISTRARS	HENATURE T

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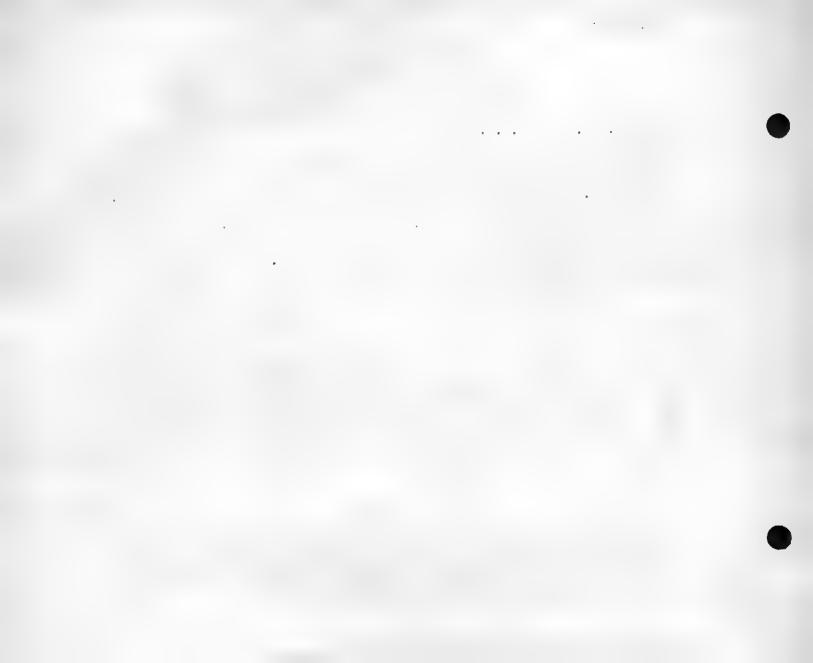
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03536 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH 26. HOURA signed by the attending physician dad templetely filled in by the funeral burial transit permit. Then please temove carban papers. Pages 1 and 2 burial, cremation, ar remaval, and in any event, within 72 haurs after death 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) March C. Myra Lauterbach 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JMDER , YEAR lost_birthdoy) Female white 8-9-1893 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH COURTRY) Baltol, Md. U.S.A. WIDOWED [DIVORCED [Baltimore County 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR St. Joseph Hospital during most of working life, even if retired) INDUSTRY Baltimore 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LINETS? 13b. COUNTY Balto. NO 3 218 Cherrydell Rd. 21228 Catonsvi 14 FATHERS NAME Middle lzos IS MOTHER'S MAIDEN NAME First Middle Lucy childress William E. Chapman 160 WAS DECEASED EVER IN JS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address 218 Yes, no, or unknown) (1 yes give wor or dates of service) 214-16-65 704 H- Maynard F. Lauterbach Spame APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gerebral thrombosis and congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, fony, which gove) (b) Arteriosclerotic cardiovascular disease rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Tage 4 110y to percent.

To FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached for use as the 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO D 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 2 d. INJURY OCCURRED 2 e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LDCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 2-22-69, 19, to 3-3-, 19, 69, that (I) (we) last saw the deceased alive an 3-3- 19, 69, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. be retained 22b. SIGNATURE 22c. DATE SIGNED ATTENDING Beatriz P. Dizon 3-3-69 DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 7620 York Road, Towson, Md. 21204 23c NAME OF CEMETERY DR (REMATORY 23b. DATE 230 BURIAL, CREMATION, 23d LOCATION (City of Town) (State) (County) Woodlawn cemetery Baltim re. Laryland. 24 FUNERAL DIRECTOR REC D BY REGISTRAR 736 Edmondson Ave. 1969

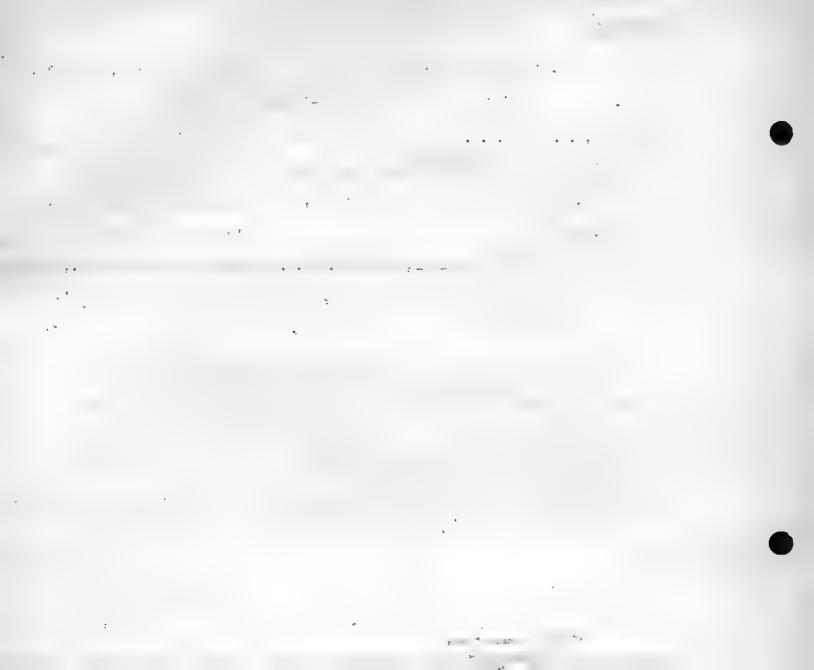
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1	02572	MAKTLAN ,DIVISION OF VITAL RECORDS	U STATE DEPARTMENT OF 301 W. PRESTON STREET, BAI		
	03543		ERTIFICATE OF DEATH		03537
Ī	DECEASED NAME (Type or print) Ida	Middle	Lawrence	20 DATE OF DEATH 3 Manth 6 Day	196 ^{Xeor} 2b. HOUR
	F'emale	4. RACE Cau	S. DATE OF BIRTH 7-3-1881	6. AGE (In years last birthdoy) YRS.	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70	o BIRTHPLACE (Stote or foreign out of the base, Md.	U.S.A.	8 MARRIED NEVER MARRIED NIVORCED DIVORCED	9 COUNTY OF DEATH Baltimore	Md
10	o city or town of DEATH Middle River	give street address)vy H	all Nursing during	UAL OCCUPATION (Kind of work done most of working life, even if refired.)	126. KIND OF BUSINESS OR INDUSTRY Austin Store
13 o c	Ba JSUAL RESIDENCE (Where deceased dimission) STATE Md .	tived, if institution Residence before 13b COUNTY Baltimore	Chase YES	Rtll Box 24D	
14	4. FATHER S NAME First James	Middle Lost Carback	IS. MOTHER'S MAIDEN NAME		Sterling
	6a. WAS DECEASED EVER IN 5 ARME Nos no or unknown) (yes give war	D FORCES? or dates of service) 16b. SOCIAL SECURITY N	IO. 17 INFORMANT	Address Lawrence Rtll Box	
th prior to buriol, cremation, or removol, and in any event, within 72 hours	Conditions, if any, which gove anse to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF (b) COLONIA DUE TO, OR AS A CONSEQUENCE OF (c) ITIONS CONTRIBUTING TO DEATH BUT NO	OY RELATED TO THE TERMINAL DISEASE O		- 5 yrs
	190 DATE OF OPERATION 196 (0	ONDITION FOR WHICH OPERATION WAS PER	YES 🔲 NO [
1 3	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor P.M. 19	1	ster nature of injury in Part 1 ar Part 2,	
	While Not while at wark 22a. I certify that (I) (this saw the deceased alicayes stated abave,	haspite) attended the decease ve an 1 (1) (we) (did) (did nat) view the	1	pinian death accurred on the do	
	22d. PHYSICIANS NAME (Type)	umquedue Bankary	DEGREE ATTENDING PHYS AVED 220. ADDRESS:		DATE SIGNED 9
23	3a BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY Der Gemetery	23d LOCATION (City or Town) Chase Ba	(Caunty) (Stote)
2	4 FUNERAL DIRECTOR Laswahn Funeral	ADDRESS Home 7401 Belair F	Road 21236	BY REGISTRAR 1969 25b REGISTRARS	SIGNATURE



						DEPARTMENT OF I				
,	1		03544	DIVISION OF VITAL RECO			IMORE, MAR	YLAND 21201	035	538
j			00044		CERTIFIC	CATE OF DEATH				, 0 0
	€ -2 €		CEASED-NAME First	Middle		Lost	20. DATE OF		V	2b HOURA
	rer death.	1	ype or print) JOS	EPHINE FOST	er i	EICH	MARCH	Month 18th	,1969	10:55 M
	E 2 2	3. 51		4 RACE		S. DATE OF BIRTH		6 AGE (in years	IE JNDER 1 YEAR MONTHS DAYS	JE UNDER 24 HRS. HOURS MIN
	by the Poge		FEMALE	WHITE		11-30-1888		SO YRS.	MONTHS UNIS	WORZ WIN
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	ecoted within 24 hours after death completely filled in by the funeral coxectorion papers. Page 1 and 7 y =vent, within 72 h = urs after death		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	,	not in hospital 120 USU	AL OCCUPATION	(Kind of work done	126. KIND OF INDUSTRY	BUSINESS OR
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	on o	ļ.,	JOHN H. FOSTE		UDIPLAIO TIT		JOSEPHIN	E PIPER F	OSTER	
	icatu Sicio Plec J. all			rat or dates of service)		INFORMANT		Address		
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	deo deo deo deo deo deo deo de deo de		/ IMMEDI		1 mes	anerale .			- Flat	45
	he of per		Conditions, if any, which gave :	DUE TO, OR AS A CONSEQUEN	CE OF /L <	TVD			V	200
	t th resit		nse to immediate cause (a),	(b) DUE TO, OR AS A CONSEQUEN	CE OF	, 0 - 11			- (146784
	d by		stoling the underlying couse lost.	(4)	CE UP					
	urre hysi gne uria uria			NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED 1	O THE TERMINAL DISEASE OR	CONDITION GIVEN	I IN PART 1(o)		
	req ng p lo bi	1_								
	law ndir bee bee ior 1	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION V	VAS PERFORMED	20o. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
	efe se se se y	I E				YES NO] CAUSES	OF DEATH?		
	or of salt and salt a		210. ACCIDENT WAS UNDERLYI			IOW INJURY OCCURRED (Ente	r nature of injur	y in Port 1 or Port 2,	item 18.)	
	E E E E E E E E E E E E E E E E E E E	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Year 19					
	fysical description of the control o	ME	21d, INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, ST	REET FACTORY,) 21f. 1	OCATION Street or R.F.D. No	. City	or Town	County	State
	the the beto be De		While Not while to work of work	g or tree bonds in o		It Al.		11	4.0	
	be of state	П		is hospital) attended the de	ceased from_	19.	z_, ta	Mar 13, 19	169 , that	(I) we Dasi
	END Bed St. A		saw the decesed of	live on (did)(did nat) view	the body after	nd that in (my) (aur) ap	inian death a	ccurred an the d	ate and haur	and Tram the
	Triging State		22b. SIGNATURE	The state of the s	1 10	1		220	DATE SIGNED	
	d w d	1		Pt Brive	DEG PERSON	REE PHYS.	MED. DIRECTOR	STAFF PHYS.	3-18.	-69
	AL O		22d. PHYSICIAN'S	24 / 11/10	25	22e. ADDRESS	4	Plan	2/2	15
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death curtificate be executed Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial transit permit. Then please remayers should be filed with the State Dept. of Health prior to burial, cremotion, or remayed and in may mean		NAME (Type)	1 GUNUK	/	of W JAIK	CYSITY	Tany	- 212	10
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			// a.k	11 461						



- 1		DIVISION OF VITAL RECOR		KIMENI OF HEAL		
	03545	DIVISION OF VITAL RECOR	CERTIFICATE		E, MAKILAND 21201	03539
Ī.	DECEASED-NAME First (Type or print) Dora	Middle Lillis	n Y Leut		DATE OF DEATH Month 12d	2b. HOUR
3.	SEX Female	4 RACE White		OF BIRTH 08/31/91	6. AGE (In years lost hithdoy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (Stote or foreign Baltimore	75. CITIZEN OF WHAT COUNTRY? USA	8. MARRIEDX X NEVE	R MARRIED 9. CO	UNTY OF DEATH Baltimore	Md
	CITY OR TOWN OF DEATH Baltimore	I NAME OF HOSPITAL (Cnty. Gen.	during most of At	UPATION (Kind of work done working if s, even if retired) Home	126 KIND OF BUSINESS OR INDUSTRY
13	o. USUAL RESIDENCE (Where deced Imission) SIATE Maryland	ised lived, if institution: Residence be 13b. COUNTY Balto	fare 13c (ITY OR TOWN Balto	YES NO X	13e. STREET AND NUMBER 2107 South1;	and Road #7
1 1	FATHER'S NAME First		st 15. MOTHE	R'S MAIDEN NAME First	Middle	Lost
1	William	Kasten		Julia		Houck
	6a. WAS DECEASED EVER IN U.S. AR Yes, ac ar unknown) (If yes give	wor or dates of service)			Address	
-		None		r G. Leutne	r - 2107 South	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUS	nly ane cause per line for (a), (b) an ED BY:	214,2 The Cal	12 20 201	u le	BETWEEN ONSET AND DEATH
	. , IMMED	IATE CAUSE (c)		their my	u vc	1/2 4,0
	Canditions, if any which gave	DUE TO, OR AS A CONSEQUENCE (b) Content	OF January	- 21. 1. Y.		
	rise ta immediate cause (a),	A		といいよれいよう		
	stating the underlying couse		1080 mus - 7	92 winder	1	
	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH B				*
	z			4		
, SE	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION W	AS PERFORMED 200	AUTOPSY?	20b IF YES, WERE FINDINGS O	CONSIDERED IN CERTIFYING
				ES 🔲 NO 🗗	CAUSES OF DEATH?	
			Zic. HOW INJUR	RY OCCURRED (Enter natur	re of injury in Port 1 or Port 2,	Item 18)
3	(If either, notify medical exam	iner) P.M.	19			
3	While Not while of work	PLACE OF INJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETC	,	Street or R.F.D. No.	City or Town	Caunty State
	22a certify that (!) (!)	his hospital) attended the decalive on	eased from 1/ C	, 19.5%	to <u>3 / / , 19</u>	that (I) (we) los
	couses stated above	re, (I) (we) (did) (did nat) view	the body after death.	n (my) (our) opinion	death accurred on the do	are and nour and from in
	22b. SIGNATURE			TONDAIG NED	220	DATE SIGNED
	1 hopen	1. 12 116;	DEGREE PH		OR PHYS 3	14/69
1	22d. PHYS CIAN S NAME (Type)	l'é	226	SADDRESS GATIL LE M	ise I lope the	1
23	0.110.111.10 (.)		OF CEMETERY OR CREMATO	ORY 23d	LOCATION (City or Town)	(Caunty) (State)
L		-17-69 Lor	raine Cemet	ery	Baltimore, Ma	aryland
	4 FUNERAL DIRECTOR		RESS	25a RIGORY PEG	BTRAF969 256 REGISTRARS	ARIGNATURE TO SEE
62 0	Armacost Fune	ral Chapel-4600	Libertz Hts	DATE		* *

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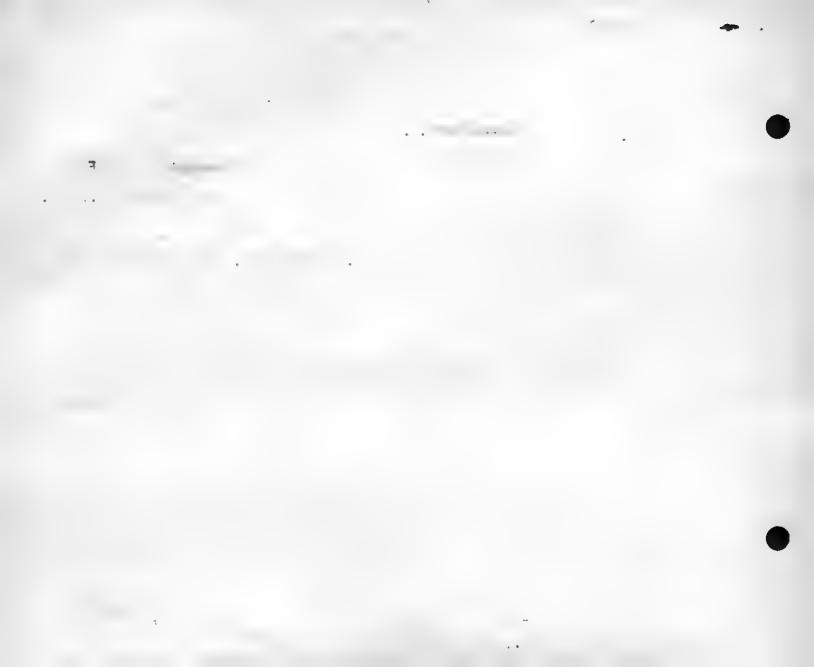
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			MAKTLAN	ID STATE DEPARTMENT OF	HEALIH	
1	1	02520	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	03540
and the second		03546		CERTIFICATE OF DEATH		00040
	I D	CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
# 954		ype or print)	mudie		Month Doy	
de de	<u> </u>	1049		P6110	March 21	
ter ter	3. 51		4. RACE	S. DATE OF BIRTH	6 AGE (In years lost birthday)	F JWDER 1 YEAR IF UNDER 24 HRS. MDNTHS DAYS HOURS No.
声 美多克		temale	White		(05) ON PRODUT	MDM143 DM13 MOULS MDM.
A PO		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
A EKA	COU	Russia	U.S.A.	WIDOWED XX DIVORCED	Baltim	ore Md.
led soppop	10. (ITY OR TOWN OF DEATH		STITUTION (If not in hospital 120 U	SUAL OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR
重量》	1	3altimore	give street address)	during	most of working life, even if retired) HOUSEWIFE	AT HOME
troot,			sed lived, if institution. Residence before	3c. CITY OR TOWN 12d INSIDE C		AT HUME
ecuted within 24 completely filled i love carbon poper y event, within 72	odm	ssion) STATE Md	13b. COUNTY	Baltimo's YES	NO bila Gist	Ave
d co mo	14.	ATHER'S NAME First	Middle Lost	IS MOTHERS MAIDEN NAM	E First Middle	Lost
physician and component and in ony even	ı	T/	DNAH RICHMON	-	Tda	?
2 50 50	160	WAS DECEASED EVER IN U.S. ARE	MED FORCES? 166 SOCIAL SECURITY	NO. 17. INFORMANT	Address	
	1	'es, no, or unknown) (11 yes give a	var or dales of service) 220-44-	1503T Jacob La	Vin 304 S. Beech	of 11 Ave
Ad Harris	F	<u> </u>			THE CONTRACTOR	APPROXIMATE INTERVAL
ning ing		PART 1. DEATH (Enter or	ly one couse per line for (a) (b), and (c)	I line.		BETWEEN DRISET AND DEATH
end end or			ATE CAUSE (0)	ray followant	• *	
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din th	No.	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS P	/ - ///	20b. IF YES, WERE FINDINGS O	
de le	CERTIFICATION	170, DRIE DI DIERANDI	CONDITION TOK INJUSTICAL PROPERTY WAS TO		CAUSES OF DEATH?	DIODERCO III GERIA IIII
The start of the s		210. ACCIDENT WAS UNDERLYII	C LOU TIME OF INITIAL		-	1 10.1
da la contra la		OR CONTRIBUTING CAUSE OF DEA			nter noture of injury in Port 1 or Port 2,	Irem 18.)
五貨海道	MEDICAL	(If either, notify medical exami	ner) P.M.	9		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers is a fond 2 should be tiled with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after deoth	×	21d INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET FA	21f. LOCATION Street or R.F.D	No. City or Town	County State
A + A	1		is hospital) attended the deceas	ed from Mau * . 19	10 /10 May . 19	69, that (I) (we) lost
A P P P P P P P P P P P P P P P P P P P		saw the deceased o	live an May 21	1969, and that in (my) (our)	apinion death accurred an the do	ite and haur and from the
N. Inequality		causes stated abov	e, (I) (we) (did) (did not) view the	bady after death.	'/	
A S C S S	1	22b. SIGNATURE	2- //2-		224.	DATE SIGNED
OR De r	L	1/4mm	My Sagar	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	3/21/69
AL Dog		22d. PHYS CIAN'S	ADUTH IL CLATED	228. ADDRESS	2 , 1 + 1	
SPI1 4 m Ver, 16 b			ARVIN M. GLAZER	6007	1011 105 to 12	₹,
HO Puge rect	230	BURIAL, CREMATION, 23b		CEMETERY OR CREMATORY	23d. LOCAT ON (City or Town)	(County) (Stote)
5° 5 5 5 7		BURIAL (Specify) 3-	23-69 BALTIM	IORE HEBREW	BALTIMORE, MARY	
V8 A15 10 10	24	FUNERAL DIRECTOR	ROS. INC., 6010 REI	STERSTOWN RD 250, REC	D BY REGISTRAR 25b. REGISTRAR'S	
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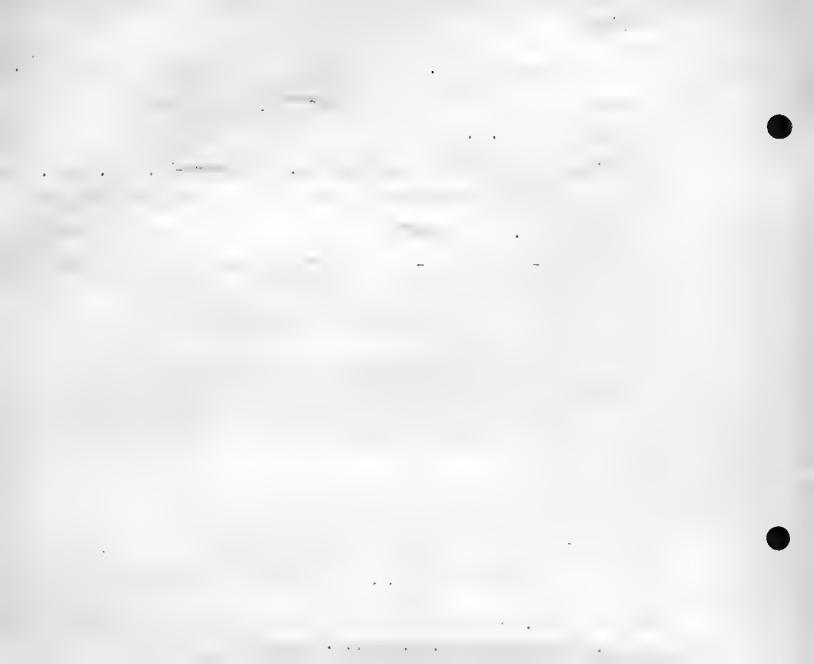
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		03547		CERTIFICATE OF DEA		03541
deoth.		ECEASED-NAME First	MUEL NHN	Lost LEV	Y 20. DATE OF DEATH Manth 5 D	oy Year 69 54-M
2 2 2	3. \$	MALE	4. RACE WHITE	S DATE OF BIRTH	6 AGE (In years jost birthday)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
4 hours aff d in b the pers. Page 72 haurs af	B"	BIRTHPLACE (State or fore gn ALTO. 12 D.	76. CITIZEN OF WHAT COUNTRY?	MIDOINED BY	BALTO, COU	/ Ma.
within 24 hours after deoth rely filled in b the time ban papers. Poges and 3, within 72 haurs after deoth			DAL Stown give street address) BAL	STITUTION (If not in hospital 120	. USUAL OCCUPATION (Kind of work done ing most observing fe even if retired.) AT LOR	126. KIND OF BUSINESS OR SELF EMPLOYED
	13a adri	USUAL RESIDENCE (Where deceo	osed lived, if institution: Residence before	BALTIMORE YES	E CITY LIMITS? 13e. STREET AND NUMBER 6962 MILBROOM	C PK., APT. 1 D
be exe	14.	FATHER'S NAME First MORRIS	Middle Lost LEVY	IS MOTHERS MAIDEN N.	AME First Middle RACHEL	lost
iificate hysicion n pleas val, and	160	WAS DECEASED EVER IN U.S AR	RMED FORCES? war ar dotes at service) 16b SOCIAL SECURITY	1	LEVY, 5906 EASTCLII	
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	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO DEATH BUT IN SCREEN THE ASSESSMENT OF STREET OF THE ASSESSMENT OF THE ASSES	RFORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior to	DICAL CERTIFI	210 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEL (If either, notify medical exam	ATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Port 2	, Item 18)
G PHYS the hos this ce detache	W	While Nat while		CTORY.) 21f LOCATION Street or R.F.		County State
Page 4 moy be retoined by the hospital or FUNERAL DIRECTOR: After this certifica director, page 3 should be detached far should be filed with the State Dept. af He			his hospitol) attended the deceos alive on	ed fram	19 64, to 3-1, 1 r) opinian death occurred on the o	
DIRECTOR AT SHEET		22b SIGNATURE	Juny D	DEGREE PHYS	MED STAFF 23	L DATE SIGNED
SPITAL 4 moy NERAL for, po			NLEY ROSEN	MD BALYO	COUNTY (PENERSAL	Hosp.
Page Page TO Ful direc		BURTALITY) 3	3-2-69 HEBRE	CEMETERY OR CREMATORY W YOUNG MEN	BALTIMORE, MA	(County) (Stote)
30M REV 1 68	SC	L LEVINSON & B	BROS., 6010 REISTERS	TOWN ROAD 250. R	EMAREGISTEAN 1963 REGISTEAN	S SIGNATURE Valdage



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03542 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Erst M. ddie Lost 20 DATE KNOWN X Month 2b HOUR Yeor (Type or Print) ESTIony delay is 2, and 3 to PM3. Page CALVERT C. LEWIS OF 3/19 1969 ö DEATH MATED porfment A RACE 5 DATE OF BIRTH 6 AGE (In years IF JNDER T YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 2d HOUR HOURS AUN Male White 10/16/98 196.0 March 2:00M 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH PM country) Nev. form USA WIDOWED IT DIVORCED [BALTIMORE Md the State along with 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street_oddress)
St. Joseph Hospital during most of working life, even if retired.) Buste teel Towson Co. deoth. 13d INSIDE CTY LIMITS? 13e, STREET AND NUMBER 130. USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c. City OR TOWN 13b (OUNTYBaltimore odmission) STATE Md. YES NO 9408 Old Harford Rd Item 78 IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME First Middle First Unknown Unknown ,⊆ haurs e certificate, writing the word "pending" in pencil in should be forworded to the Chief Medical Exominer? 16h SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 17. INFORMANT ADDRESS bad be executed within (Yes, no, or unknown) Hospital records File APPROXIMATE INTERVAL with:n CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o). This certificate should any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse C PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, nseq 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES 🔯 NO | pe 6 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of mury in Port 1 or Port 2, Hern 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL burial, cremotion, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State FUNERAL DIRECTOR: Page AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy [X]. and in my apinian inspection [Inquiry director. Undetermined manner death resulted fram: Natural causes X Suicide [Hamicide Accident CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE March 20, 1969 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** O FUNE Health may NAME (Type) ADDRESS(Street, city fown or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE 23d LOCATION (City of Town) (County) (Stote) 3/22/69 Parkwood Cem. Balto Co. Md. 250 RECD BY REG STRAR MAR 2 4 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15ME (5) C.F.EVANS & SON 8802 Harford road DATE





1			. 301 W. PRESTON STREET, BALTI		
13	03550		CERTIFICATE OF DEATH	more, martenio 21201	03544
death neral and 2 death.	1. DECEASED-NAME Firs (Type or print)		Lost	2a. DATE OF DEATH March 29	1969 7.45 M
r death	3. SEX	thea 4. RACE	Lindsay		
hours after death	Female	White	S. DATE OF BIRTH 8/3/1917	6. AGE (In years last birthday)	FUNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
The state of the s	70 BIRTHPLACE (State or foreign country enna.	7b CITIZEN OF WHAT COUNTRY?	MONKVIED WEACK MONKKIED	COUNTY OF DEATH	
2 Pee 2		United States	WIDOWED DIVORCED	Balto.	Md
The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and campletely film use as the burial-transit permit. Then please remove carbon partity film priar ta burial, crematian, ar removal, and in any event, within	10. CITY OR TOWN OF DEATH Towson, Md.	give street address)		L OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ed v	13a USUAL RESIDENCE (Where dete	osed lived, if institution. Residence before		130 STREET AND NUMBER	
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be be ser		MANAX A A A A A A A A A A A A A A A A A A	N N	ellie Escott	
cate sicia secia	160. WAS DECEASED EVER IN U.S. AT		0 - 4	Address	
ertificate be exe physician and one nen please remi noval, and in any	Yes, no, ar unknawn) (If yes give	214-01-6	056 Dulaney-Towso	n Nursing 111 We	st Rd, 21204
ie death cei attending p permit. The	1B. CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), and (c)	1) 4 2 4		APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
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equires that thy physician. signed by the burial-transit burial, cremal	DADE O OFFICE COMPLETE) (c)	IOT DELATED TO THE TRANSPAR DESCRIPTION	MOITON CHIEN IN PART IV	
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dw n ding been t the	19a, DATE OF OPERATION 191	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTOPSY?	205 IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
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O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	23a BUR AL, CREMATION 23b		CEMETERY OR CREMATORY	23d LOCATION (City of Town)	(County) (Stote)
5 5 5 2		-2-1969 Dulan	ey Valley Memorial	Cockeysville.	
VR A15 474	24. FUNERAL DIRECTOR	ADDRESS Towson 1050 York			
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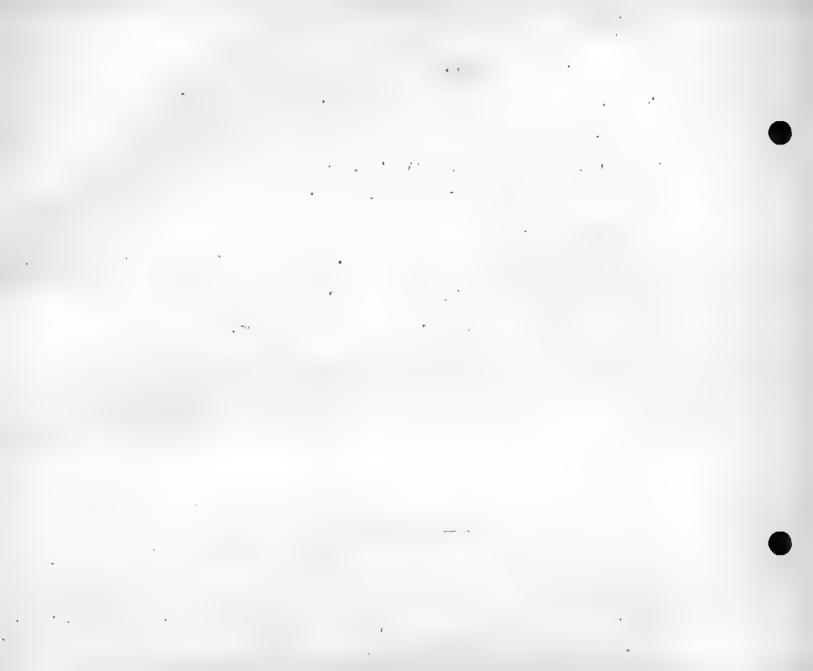


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03545 03551 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH 25 HOURA (Type or print) LILLIAN GRACE LINK DoyL969Year March 2:50 M 3 SEX 4 RACE 24 haurs after S. DATE OF BIRTH 6 AGE (n years IF LINDER & YEAR lost birthday) ve carba'n papers. Pages event, within 72 haurs aft HÖURS July 28, 1885 Female White 83 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign B. MARRIED TANEYER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. WIDOWED IT DIVORCED [7] Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done within 12b KIND OF BUSINESS OR Summit Nursing Home ompletely t during most of working life, even if retired.) Catonsville 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13MAY OR 19WN TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician. 13d INSIDE CITY EIMITS? 13e STREET AND NUMBER COUNTY 2808 Herkimer Street NO [Maryland Park burial, crematian, ar removal, and in any 14 FATHER'S NAME First Middle 15. MOTHER'S MAJDEN NAME First Lost Middle and Lost William . H. Booth Martha Rawlings physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) 217-54-1739 Mr. Rudolph Link, 2808 Herkimer St. 21230 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if only, which gove) burial-transit rise to immediate couse (a) signed by attending physician, stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) th s certificate has been be detached far use as the State Dept. of Health priar ta 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔀 YES -210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d NUJRY OCCURRED 21a. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (1) (this haspital) attended the deceased from 1960, to 3/1, 1967, that (1) (we) lost saw the deceased alive on 2/26 1967, and that (in (my) (aur) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After director, page 3 shauld shauid be filed with the causes stated above, (1) (we) (did (did nat) view the body after death, 220 SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d PHYSICIAN S 22e ADDRESS Herbert J. Levickas 5404 East Drive, Baltimore, Md. 21227 230 BURTAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LDCATION (City or Town) (County) (Stote) BURNA (Pecify) 3-4-1969 Loudon Park Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS. 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE 1000

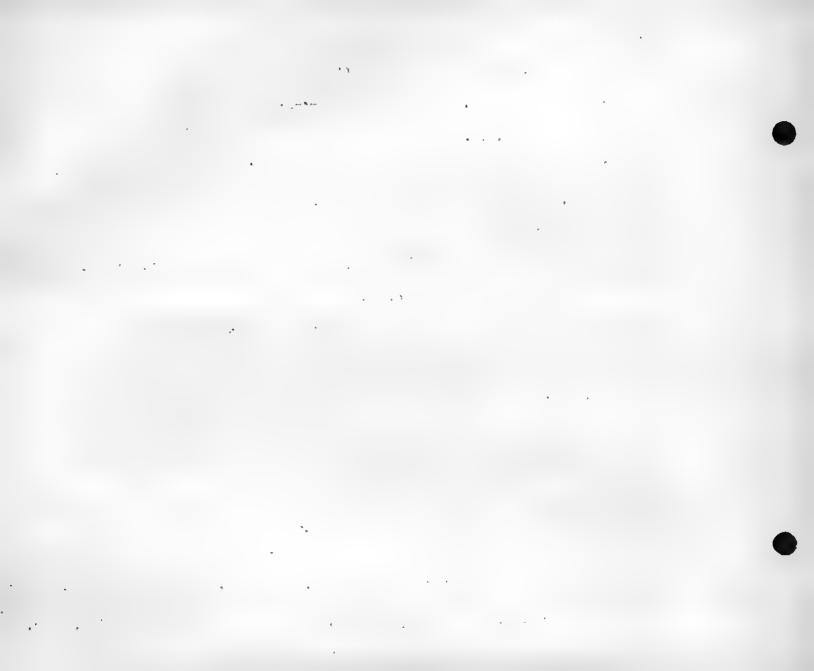
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			DIVISION OF	MAKTLAN VITAL RECORDS,	SULM DOES				ID 21201		
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fur fur fer	3 SEX		4 RACE		5 (DATE OF BIRTH		A AGE	(In years	IF UNDER YEAR I	UNDER 24 HRS
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	3 SEX Male	cau.	S. DATE OF BIRTH 3-2-12		OFS IF UNDER 1 YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN.
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	io. CITY OR TOWN OF DEATH Parkville	11. NAME OF HOSPITAL OR INS give street address) 830	TITUTION (If not in hospital 1 Glen Road	o USUAL OCCUPATION (Kind of work uning mast of working life, even if re	
event, wit	13a USUAL RESIDENCE (Where deceased admission) STATE Md	l lived, if institution. Residence before 13b. COUNTY Baltimore	Parkville YES[HOSE CITY LIMITS? 13e STREET AND NUM 8301 Gle	BER n Road 21236
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ol, onc	16a. WAS DECEASED EVER IN U.S. ARME Yes, no. or unknown) (It yes give war	D FORCES? or doles of service) 166 SOCIAL SECURITY N 215-01-10		Addicantoni 8301 Glei	ress n Road 21234
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1	21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M Month Day Year	21c. HOW INJURY OCCURRED	Enter nature of injury in Part 1 ar	Part 2, Item 18.)
	While Not while	LACE OF INJURY (AT HOME, FARM, STREET FAC			County State
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director, page 3 should should be filed with the	22b. SIGNATURE	Chasel-		MED STAFF DIRECTOR PHYS.	22c DATE SIGNED 69
or, poge	22d. PHYSICIAN'S NAME (Type) CEON	E. KASSEL, A	22e ADDRESS	1 01	Ballo ud 21218
2	23g. BURIAL, CREMATION, 23b. D.		CEMETERY OR CREMATORY	23d LOCATION (Gity or Town	
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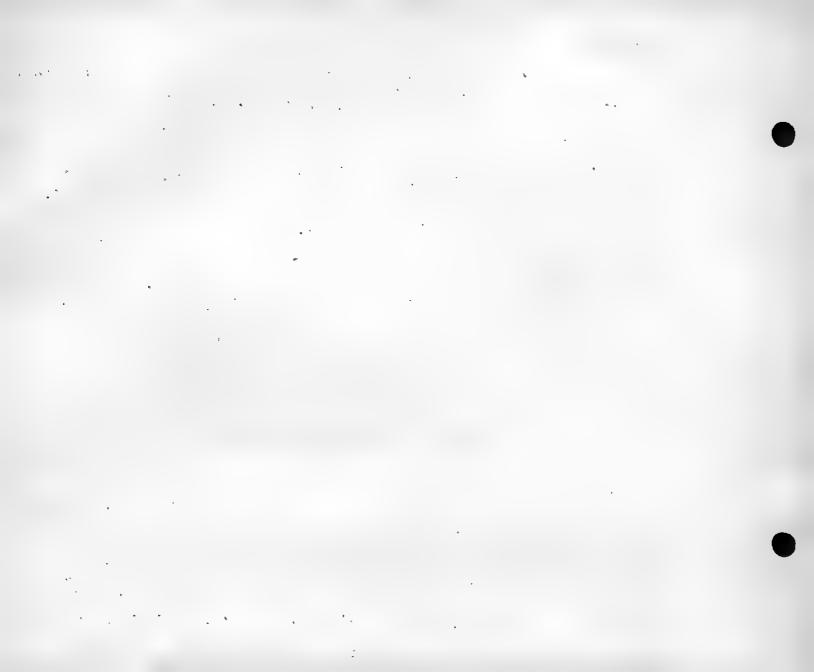
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NG PHY the hor er this c			While Not while of work	Vortee Bollomo, Erc.		10 11 1	County Stote
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DIRECTION OR AT			22b SIGNATURE	uy Rass	MD DEGREE ATTENDING PHYS	MED STAFF D 22c DA	ITE SIGNED
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1	13556 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttem6 FilmG410 3/17/69 kk CERTIFICATE OF DEATH							03550
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be State	l I	22o. I certif	y that (1) (this	haspital) attended the dec	eosed from F18	ren 9, j	by , to haren IU,	19 <u>59</u> , that (4) (we) last dote ond hour and fram the
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OR OR I	П		1 a mus	. p. Reneg	DEGREE	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	March 10,1969
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detacted for use as the should be filled with the State Dept. of Health prior to		22d. PHYSICIAN NAME (Typ	Ramon	P. Lopez, M.D.		7620 Yo	rk Road, Towson,	M . 21204
HOS ge 4 "UNI recto	23 a	BUR AL, CREMAT	10N, 23b D	ATE 23c. NAMI	OF CEMETERY OR C	REMATORY	23d. LOCAT ON (City or Town)	(County), 7 (State)
6 등 등 등	1	PEMOVAL (Speci	41 116	av 1/1/19/042	bora	W Om	chlovale	11/11/10
VR ALEMO)	24.	FUNERAL DIRECT	OR /	ADD ADD	RESS 0211Co	2Sa. REC		AR'S SIGNATURE
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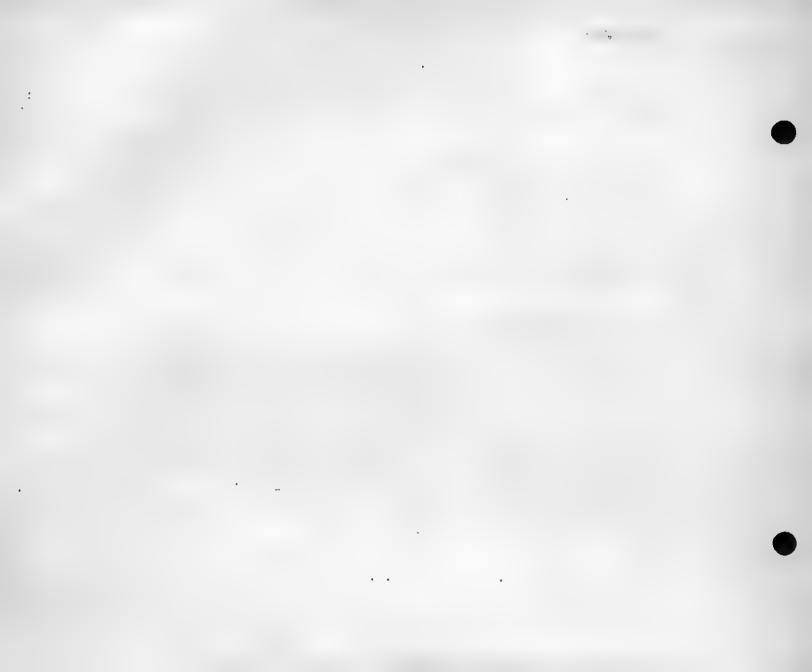
	k .			ALE DEPARTMENT OF		
7,		DIVI	SION OF VITAL RECORDS, 301	W. PRESTON STREET, BALT	TIMORE, MARYLAND 21201	0.2554
	ı	03557		TIFICATE OF DEATH		03551
÷ -2€		CEASED-NAME First	Middle	Lost	20, DATE OF DEATH	2b. HOUR
funeral funeral s 1 and 2	(1	ype or print) / //	HELEN	Lyon	March Month Doy	1969 1:45 A M
y the fur Pages 1	3 \$6	X Semale 41	Colliste	5. DATE OF BIRTH > april	6. AGE (in years lost birthday) YRS.	IF UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN
hours of hou	764	SHRTLARE (State or foreign 7b. CI	TIZEN OF WHAT COUNTRY? 8 MJ	ARRIED NEVER MARRIED	9 COUNTY OF DEATH	
in 24 ho	COU	salfuncie hed	NSA WIE	OOWED DIVORCED	Baltimor	R Md.
ithin 24 ly filled ly filled within 7	10	ocher surelle	11 NAME OF HOSP TAL OR INSTITUTE give street oddress)		IAL OCCUPATION (Kind of work done nost of working life, even if febred)	12b. KIND OF BUSINESS OR INDUSTRY
s executed within the state of		USUAL RESIDENCE (Where deceased live		CITY OR, TOWN 43d. INSIDE CITY	LMITS? 130 STREET AND NUMBER	12 0
calmit ove y eve		nia _	COUNTY Galta Co	CKEYNUER -	100 206 has	Mul Coall
differcampletely a remove carbin	14. 1	ATHERS NAME FIRST	Middle Grove	75. MOTHER'S MAIDEN NAME	First Du Coed Middle	Larry
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital or attending physician. This certificate has been signed by the attending physician affecting the state of the print stacked for use as the burial-transit permit. Then please remove carbin papers. Pages 1 and 2 Dept. af Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death	160.	WAS DECEASED EVER IN U.S. ARMED FO es, no, or unknown) (If yes give wer or date		17 INFORMANT	Sau	<u>e</u>
cert ng ph Then mav		18. CAUSE OF DEATH (Enter only one	cause per line forc(a), (b), and (c))	-01	, 10 14	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH-
andir or re		PART I DEATH WAS CAUSED BY. IMMEDIATE CAL	We live and	qua - Sph	morel - LT	7 mentes
affer permian, ian,			DUE TO, OR AS A CONSEQUENCE OF			1
at the		Conditions, if any, which gove a rise to immediate cause (a),	(b)(b)			
equires that the physician. Signed by the burial-transit burial, cremat		stating the underlying couse lost.	OUE TO, OR AS A CONSEQUENCE OF			
requir g phys n signe e buric a buric		PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
law andir bee is th	CERTIFICATION	190 DATE OF OPERATION 196. CONDIT	TION FOR WHICH OPERATION WAS PERFORM	NED 200 AUTOPSY?	206 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The atte	REFE			YES NO		
CIAN: ital or ifficate of for u	MEDICAL CE		216 TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19	21c. HOW INJURY OCCURRED (Enti	er noture of injury in Port 1 ar Port 2, I	tem 18.)
ATTENDING PHYSICIAN: The law retained by the haspital or attending CTOR: After this certificate has been should be detached for use as the rith the State Dept. af Health priar ta	ME			21f. LOCATION Street or R.F.D. No	o. City or Town	County State
~ ~ ~	П		spital) attended the deceased from 18 February 196	gm, 19,	5 10 Minery, 19	27, that (1) (we) last
OR ATTENDING be retained by the MRECTOR: After the ed 3 should be deed ed with the State	1	saw the deceased alive of causes stated abaye, (1)	(we) (did) (did not) view the body	人, and that in (my) (our) op after death.	oinjon death accurred an the da	te and haur and from the
RECTOR 3 shot		22b. SIGNATURE	IN 17 Kees	DEGREE PHYS.	MED. STAFF 22c. I	DATE SIGNED 1969
ntal c may b RAL Di 7, page be file		22d. PHYSICIAN'S NAME (Type)	ERT. KEE	S 22e. ADDRESS	chey soullo	nel
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 22 Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and representatively filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbinin page should be filled with the State Dept. af Health priar ta burial, crematian, or remayal, and in any event, within 7 pages.	230	BUR AL, CREMATION, 23b DATE	1/69 230 NAME OF CEMET	ERY OR CREMATORY Y VAILEY	23d. LOCATION (City or Town) COCKESSV	(County) (State)
F - E	24.	FLINERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REG STRAR'S	SIGNATURE
30M REV. TV 3	4	John Hume	Hono You	DATE MA	R 1 0 1969 JClio	res Judge



_		AND STATE DEPARTMENT OF		
03558	DIVISION OF VITAL RECOR	OS, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		02550
1. DECEASED NAME	First Middle	last .	2a. DATE OF DEATH	03552 26 HQUR
(Type or print)	27 21246, 24	To a he	Month 1	Vary 1.34
3. SEX	4 RACE	S. DATE OF BIRTH,	6. AGE (In years	IF UNDER 1 YEAR F UNDER 24 HRS
male	white	3/4/18	90 last birthday)	MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (Stote or fore country)		8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Ballinoze	1. S.A.	WIDOWED DIVORCED	Baltimore	- M
10. CITY OR TOWN OF DEATH	give street address)		SUAL OCCUPATION (Kind of work done gnost at prorking life, even if retired.	
130 USUAL RES DENCE (Where	deceased lived, if institut on Residence bef	Decition 13 CITY OR TOWN 138 INSIDE CT	TY JIMITS? 13e. STREET AND NUMBER	A W. Waair
odmission) STATE - Tre	- 136 COUNTY - R. Pture	YES [NO 2 1228 nouls	old R.G.
14. FATHER'S NAME First	Middle Lo	IS. MOTHER'S MAIDEN NAME	E First / Midele	Lost
Loba	Mac	Sylvia	Lilly	
16a/WAS DECEASED EVER IN U	J.S. ARMED FORCES? 16b SOCIAL SECUR	TY NO. 17 INFORMANT	Address	1509 Apresuc
To says as provide	inter only one cause per line for (A. (b), and	1293A MIL Excell	W. W. Manch syp.	APPROX.MATE NTERVAL
PART I. DEATH WAS	CAUSED BY.	250 selscotte	hear stace	ETCS DETWEEN ONSET AND DEATH.
4409	DUE TO, OR AS A/CONSEQUENCE	OF C = C	0 . 1	164/6
Conditions, if any, which	gove)	el artecoso	exosis!	
stoting the underlying		OF		
lost.	(c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	IT MOT DEPATED TO THE TEDARINAL DISEASE (OPCONDITION CIVEN IN PART VAI	
1 ///	CONTINUE CONTRIBUTION TO DEATH BE	Emphonse	micel R.	author
190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WA	S PERFORMED 20a. AUTOPSY?		S CONSIDERED IN CERTIFYING
RTIFIC	/	YES NO		
210. ACCIDENT WAS UNIT	SE OF DEATH HOUR A.M Month Day	eor 21c. HOW INJURY OCCURRED (E	nter noture of injury in Part 1 ar Part	2, Item 18.)
OR CONTRIBUTING CAUSE (If either, notify medical 21d, INJURY OCCURRED	examiner) P.M.	19 T, FACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
While Not while of work	OFFICE BUILDING, ETC.	TIL LOCKHON SHEET BY K.F.D.	City of Town	31010
22a, I certify that	(!) (this hospital) attended the deci	eased from Jelle, 19	1/10_0/20	19_69, that (1) (we) to
saw the decea	sed alive an abave, (1) (we) (did) (did nat) view	19@apd that in (my) (our) a	apinian death accurred an the	date and hour and from th
22b. SIGNATURE	Can 1 1/1/11/11	1/		RE DATE SIGNED
1100	me alle	DEGREE PHYS.	DIRECTOR PHYS	3/28/64
22d. PHYSICIAN'S NAME (Type) CA	ristian S. Mass	22e. ADDRESS 3459 St	, John's Lame Ell	icott Elty Mid
230 BURIAL, CREMATION,		OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Specify)	14/2/69 17154	reathedral been	. Bettimore	re signatures.
24 FUNERAL DIRECTOR	2n & Long Pur 1. 961	RESS Freleward DATE	D BY REGISTRAL 256, REGISTRAL	KS SIGNATURE
And the Company	And Andrew	7.5 AV DAIL	<u> </u>	1 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03553 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECFASED-NAME 20 DATE KNOWNX HFALTH DEPT. First Middle Lost Month 2h HOUR Year (Type or Print) WALTER MACK ESTI-3/1919 69 DEATH MATED 6 AGE (In years 4 RACE IF UNDER I YEAR IE LINGER 24 HRS 3 SEX S. DATE OF RIRTH 2c DATE PRONOLINGED DEAD Month Male Negro 19 69 43YRS March 70 BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) U.S. A. WIDOWED [BALTIMORE DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USLAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Greater Baltimore Medical Center during most of working life, even if retired.) Towson 130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b (OUNTY Baltimore 736 Bosley Avenue Md. Towson tem after 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME WALTER pages the Chief Medical Examiner 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN L. S. ARMED FORCES? 17 INFORMANT penal (Yes, no. or unknown) 112-20-4774 WALTER MACK- 726 BOSKEYAVE File within be executed 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cerebro-cranial injuries IMMEDIATE CAUSE (o) ___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse .= farwarded ta PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) nseq 19o. DATE OF OPERATION 19b. COND.TION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate. YES X be Ş 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item IB) 3 shauld PRIMARY TO OR CONTRIBUTING crematian, Passenger in auto that overturned several 3/19 19 69 CAUSE OF DEATH 21d INJURY OCCURRED County 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town foctory, office bu ding, etc.)
Highway Rte#695 west of Belair Rd. AT WORK AT WORK Baltimore Md. 22a | certify that I took charge of the remains described above, held an Autopsy [X]. Inspection . inquiry , ond in my opinion Suicide , Homicide death resulted from Natural causes Accident X Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR March 20, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) ADDRESS(Street, city, town, or county) 0 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) EMOVA, (Spec fy) 25b REGISTRAR S SIGNATURE VR A15ME (5)







1 -1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	03562 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	556
LOK SIMIE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
MEALIN DEFI.	(Type or Print)	401
oy is 3 to 9 page proge	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (19 1900'S UF UNDER 1 YEAR) F UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2/ 4040
	A Los Control Montrol Clark Debuter ALM	Yeor 1969 2 EM
	70 BIRTHPLACE (State or foreign 75. CIT ZEN OF WHAT COUNTRY? 8 MARRIED TREVER MARRIED 9. COUNTY OF DEATH	IVO M
S B S	(country) NY USA WIDOWED DIVORCED BALTO.	Md
death with farm with farm	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITLTION (If not in hospital 120 LSUA, OCCUPATION (Kind of work dane 12b	KIND OF BUSINESS OR
- 0	ESSEX give street oddress) ARREN RD. during most of working life, even if retired) INDL	SIRY
ofter 18. Ox certaing	13a USUA. RESIDENCE (Where deceosed lyed, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM 157 13e STREET AND NUMBER admission) STATE N 1146 USD COUNTY OF EEUS LONG (SLAW) YES NO 12 35/9 12 C	5 %
r dec		3
Hep I hours Office office of the d	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
2 6 8 8	SRANK CAMPISE ANNO CO	ORSO
	(Yas, no, or unknown) (if yas give wor or dofes of service) 065 01-5575 MARIE MEEHAN !! WAR!	REA RO
4 wit Exon File n 72	18 CAUSE OF DEATH (Enter anly ane cause per one for (o), (b) and (c).)	APPROXIMATE INTERVA.
be executed "pending" in nief Medical E ansit permit. F event within.	PART I DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
e execute pending" of Medica sit permit	IMMICDIATE CAUSE (o) H-3-C-1/3 VAS ### DUE TO, OR AS A CONSEQUENCE OF	
be 'pe 'ipe nief	Conditions, if ony, which gove	
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sh in	last. (c)	
is certificate shaulte, writing the wall forwarded to the le used as a burial-remayal, and in an	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rifica riting arde a as val, a	DIAD et es Me LL, tus	20 AUTOPSY?
This certificate cate, writing the se forwarded to be used as a large remayal, and remayal, and	190 DATE OF OPERATION 196 CONDITION WHICH OPERATION WAS PERFORMED? 21g. EXTERNAL CAUSE WAS 21g. Time Of Injury in Port 1 or Port 2, Item 3	YES NO
	210. EXTERNAL CAUSE WAS 216 TIME OF INJUST Month, Day, Year 21 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 3	
. 達 B B S	PRIMARY OR CONTRIBUTING HOUR A.M. AUSE OF DEATH PM	4
Share and share		ounty State
EXAMINER: ute the certi age 4 shauld your files. Page 3 shoul	WHILE AT WORK AT WORK AT WORK	
	22a. I certify that I toak charge af the remains described abave, held an Autopsy , Inspection Inquiry	and in my apıncan
ICAL E e executator. Pope ed for CTOR: P	death resulted fram Natural causes V, Accident , Suicide , Homicide , Undetermined monner	, ,
please direct direct of to	CHIEF MEDICAL EXAMINER	
AL Prid	SIGNATURE M.D. ASSISTANT MEDICA. EXAMINER 22b. DATE SIGN	18.1969
DEPUT ccessary e funer may be FUNERA		0
o DEPUTY BIC necessory, please of the funeral directors may be retained o FUNERAL DIRECT Health prior to by	NAME (Type) MELVIN B. DAVIS, M. D. G. BOO MORN ADDRESSISTING OF GOWN, O' DOUNTY) DAKE MO HAVE 230 BURIAL CREMATION, 236 DATE: 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Cou	
7	230 BURIAL (REMATION, REMOVAL (Specify) 230 DATE 231 NAME OF CEMETERY OF CREMATORY 231 LOCATION (City of Town) (Cou	nty) (State)
	24 FUNERAL DIRECTOR ADDRESS N. F 250. REC D BY REGISTRAR 256 REGISTRAR S SIGNA	ATLRE
VR A15ME (5) 10M REV 1/68	CHINESE CHEUNG SANG ZZ MULBERRY DATEMAN 20 1969	· Carrer
10.41 14.00		



/ 1			DIVISION OF VITAL RE		PRESTON STREET, BA		YLAND 21201		
Control of Control		03563			CATE OF DEATH			0355	7
ath.		CEASED-NAME First	Mic	ldle	Last	2a. DATE OF			2b. HOUR
funeral L and	1	ype or post) JOIIII	VALUIN	PINE 1	IS RUIN	ki	arch 12. Do	1969 ^{Year}	4:05A
te se la se	3. SE		4 RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF JNDER 24 HRS.
y the f		Hale	White		July 14, 1	ເ885	last bighday) YRS	W(W1/13 CM13	MUNICIPAL MUNICIPAL MANAGEMENT
hours in by ers Pour 2 hour	7o. I	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY	1 HONORIED	NEVER MARRIED	9 COUNTY OF			
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.드 글 라크	י עון	ITY OR TOWN OF DEATH	11. NAME OF HOSP give street addres 418 Ka	therine at	not in haspital 12a. U during	SUAL OCCUPATION mast at warking Retail	(Kind of work done life, even if retired.) POCL	126 KIND OF B	USINESS OR Koeper
campletely ave carbary	13a	USUAL RESIDENCE (Where deceos	ed lived, if institution. Residen	ce before 113c CITY O	R TOWN 136. INSIDE CT	TY LIMITS? 13e ST	REET AND NUMBER		ILOO DO I
amp ve eve	admi	ssian) STATE Md.	13b COUNTY Balti	nore Middl	le River ^{ves}	NO 1 418	Katherin	e Ave.	
ate be executed with keran and campletely lease remave carban and in any event, with	14 F	ATHERS NAME First	Middle		IS. MOTHER'S MAIDEN NAME		Middle		Last
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artificate b physieran en please aval, and i	160	WAS DECEASED EVER IN U.S. ARA es_apo, ar unknown) (14 yes give w	or or dates of service)		INFORMANT			Balto.,2	
A S A		4.Q -	217-4		Barbara A. G	resdo:4	18 Kather:	ne .ve.	1
ne death relations attending bermit. The		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSED IMMEDIA	ly ane cause per line far (a), (b), and .(c).)	1				ATE INTERVAL SET AND DEATH
endi mit. ar r		PAKI I. DEATH WAS CAUSED	TE CAUSE (a)	rac for	Eure			10	ey_
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trar		stating the underlying cause	DUE TO, OR, AS A CONSEQ	UENCE OF				-	
quires tha p∭ysician. signed by burial-tran burial, crer		last.	(c)						
PHYSICIAN: The law requires that the death e hospital or attending pillysican. his certificate has been signed by the attendin stached far use as the burial-transit permit. Dept. of Health priar ta burial, crematian, ar re	_	PART 2. OTHER SIGNIFICANT CON	MOTERAL CONTRIBUTING TO DEA	ATH BUT NOT RELATED T	TO THE TERMINAL DISEASE O	OR CONDITION GIVEN	(IN PART 1(o)		
law endi be riar th	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN CER	RTIFYING
the pass of the pa	Œ				YES NO	☐ CAUSES	OF DEATH?		
or o		21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		IOW INJURY OCCURRED (E	nter nature of injur	y in Part 1 ar Part 2,	Item 18.)	
Pit file of the office of the	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	19					
	ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME FAR	IG, ETC	OCATION Street or R.F.D.		ar Tawn	County	State
ING by t frer state		22a. I certify that (I) (this saw the deceased a	is haspital) attended the	deceased from_	7 de 6 , 19	62, to 1	at.12, 19	67 that	(I) (we) last
END ed R: A		saw the deceased a	live on	19 <u>67</u> , ar	nd that in (my) (our) a	opinion deoth o	occurred on the de	ote and hour o	nd from the
TTO TO THE		22b. SIGNATURE/	(, (i) (we) (uiu) (u) (lew life bddy ofter	death.		1 220	DATE SIGNED	
DR J		Joseph	1 Micel	1 /w DEG	REE PHYS.	MED. DIRECTOR	STAFF D 3	114/69	
AL C		22d. PHYSICIAN'S			220 ADDRESS		1 2	11 1101	1007.7.7
PITA mg ERA ERA d be		NAME (Type)	FOSIPH LICIL	T	108 S. T	laylor a	ve,Balt	imore, 2.	1221, La.
Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State	23a.	BUR AL, CREMATION, 23b	DATE 23c.	NAME OF CEMETERY OF	R CREMATORY	23d. LOCATIO	N (City ar Tawn)	(County)	(State)
Pag dir sh		BUR AL, CREMATION, 23b REMOVAL Specify)			t Cemetery		orman Hil	1 Rd., B.	
VR ATS COLO	_	FUNERAL DIRECTOR	Balto., 21	ADDRESS 0	2Sa. RECI	BY REGISTRAR	25b REGISTRAR S	SIGNATURE	a D
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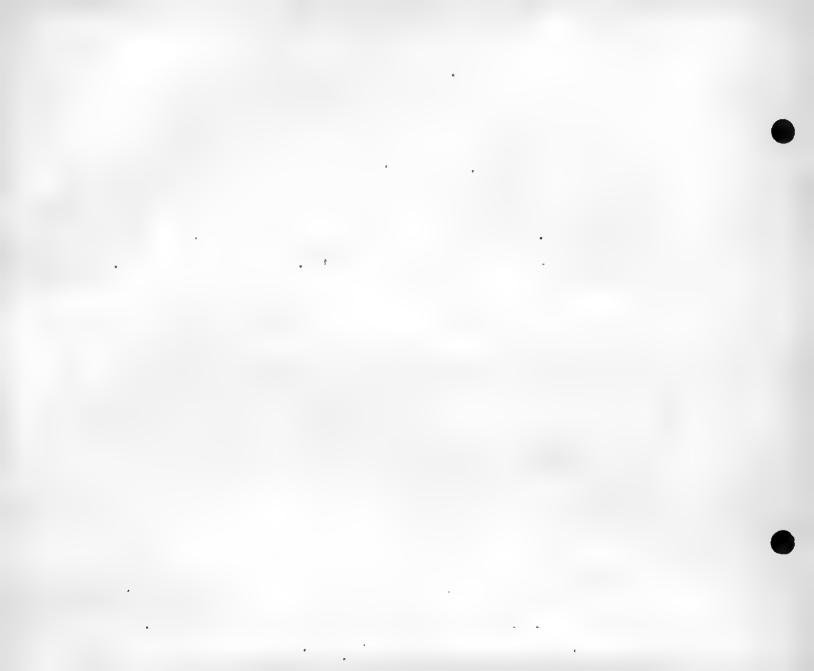


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03558 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First M ddle Lost 20 DATE KNOWN Month Day Yeor (Type or Print) Clifford OF ESTIany delay is 2, and 3 ta G. Marvel Page of DEATH MATED 6 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE 2c. DATE PRONOUNCED DEAD S DATE OF BIRTH PM3. Apr. 26, 1890 Male Thite 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) Manyland U.S.A. WIDOWED [DIVORCED | Baltimore in Item 18. Give Pages 24 hours after death 1D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 2628 Yorkway during most of warking I fe, even if refixed) Automobil Dundalk 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 38 INSIDE CITY , MITS? 13e STREET AND NUMBER odmission) STATEAL TOTALE 136 COUNTY Bollimore Dund, 1k 2658 Yorkway YES AND I 14. FATHER S NAME Muddle 15. MOTHER S MAIDEN NAME First Middle Martin Marvel Anna Dukes haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO ADD RESS This certificate should be executed within, peyicil (Yes, no, or unknown) Mrs. Echel Morvel, 2638 Yorkany 21022 E APPROXIMATE INTERVAL .⊑ within 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND GEATI shauld be farwarded to the Chief Medical pending IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 2D. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🗔 NO 🗔 210 EXTERNAL CAUSE WAS 216. THATE OF INJURY MONTH, DOYLYEW 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21f LOCATION Street or R F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street, City or Town County Stote factory, office building, etc.) 5 may be retained far yaur to FUNERAL DIRECTOR: Page Health, priar to burial, crem WHILE NOT WHILE E 22a. I certify that I taak charge of the remains described above, held on Autopsy . Inspection . Inquiry 🕏 and in my apinion the funeral director. Natural causes . Acadent . Suicide . Homicide . Undetermined manner death resulted from. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAMINER SIGNATURE TO DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** VIE, M.D. 6800 HOKNING TON ANDRESS(Spreys city, fown, or county) NAME (Type) 110.2/222 Dundalk 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23d LOCATION (City or Town) (County) Oak La in Cometary Colgate. Md. 24 FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home, Dundalk, Md. VR A15ME

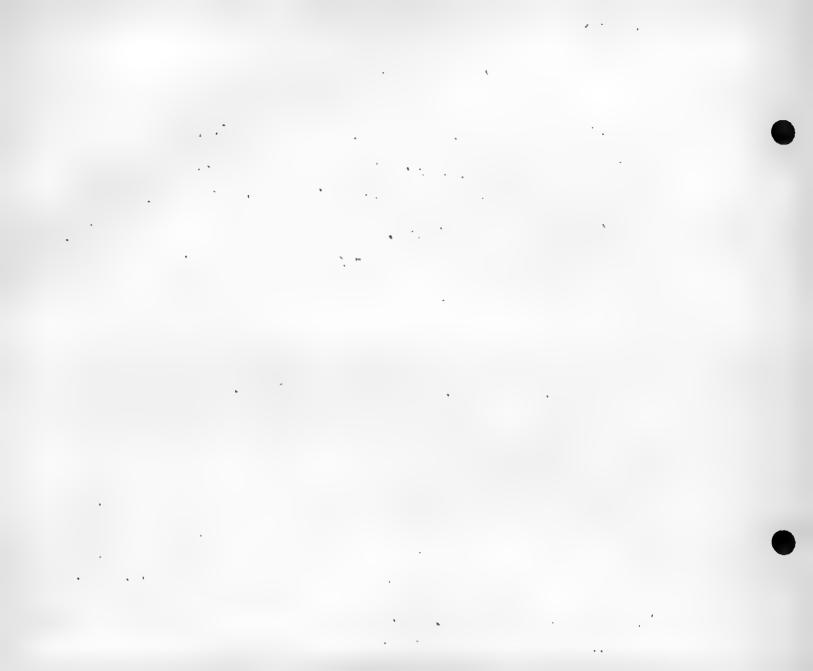


03565		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		3559
1. DECEASED NAME First	t Middle	Last	20. DATE OF DEATH	2b HOUR
(Type or print) SANUE	L C.	NATTOX	March 14 Day	1989 11:22
3. 5EX	4 RACE	S DATE OF BIRTH		FUNDER YEAR IE LADER 24 AR
Male	White	2-23-1893	last bythday) M	ONTHS CLAYS HOURS MIN
70 BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
'W''''''''''''''''''inia	USA	WIDOWED DIVORCED	Baltimore	
10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (if not in haspital 12a USU)	A. DCCGPAT ON (Kind of work done	12b, KIND OF BUSINESS OR
Towson	give street address) St. Joseph's	s Fospital Oper	ast of warking life, even if retired) ating Engineer	INDUSTRY Construction
3a. USJAL RESIDENCE (Where deceaded in a 1991) 1 STATE	ised lived, if institution Residence before	13c CITY OR TOWN 13d HISIDE CTY L	MIS? 13e STREET AND NUMBER 7237 Sindall F	
14. FATHER'S NAME First	Mtddle Last	IS MOTHER'S MAIDEN NAME F		Last
Abner 0	. Mattox	Luc		
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY	NO. 17 INFORMANT	Address	naru
Yes no ar unknawn) (fyes give	wer or dates of service) 223-07-97	00 Robert C. Quail	7237 Sindall Rd.	21234
18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), and (c)			APPROXIMATE INTERVAL
PARY I DEATH WAS CAUSI	Acute myoca	ardial infarction		BETWEEN ONSET AND DEATH
(MINIEUS	DUE TO, OR AS A CONSEQUENCE OF			
Canditians, if any, which gave) Antoniocoles	rotic cardio-vascul	om diacono	
rise to immediate cause (a), stating the underlying cause		OCIC CATOTO-VASCOI	ar urse se	
last,	(d)			
PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART I(a)	
19a, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
19d. DATE OF OPERATION 19b.		YES NO EX	CALIFER OF BEATUR	
	NG 216 TIME OF INJURY	21c, HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Her	m 18)
DR CONTRIBUTING CAUSE DE DEA	HOUR A.M. Manth Day Year P.M. 19			
		TTORY.) 21F LOCATION Street or R.F.D. No.	City or Tawn	Caunty State
While Not while at wark	DEFICE BUILDING, LYC			,
22a. I certify that (I) (th	nis hasnital) attended the decease	ed from Harch 14 19	69 to March 14 19 6	9 . that (1) (well in
caw the decorred of			nion death are send as the fire	
2014 THE DECEMBER (live on Earch 14 1	9 📆, and that in (my) (aur) api	nian aeain occurred on the date	and have and from the
causes stated abov	nis haspital) attended the decease alive an <u>warch 14</u> e, (I) (we) (did)) (did nat) view the	9_59, and that in (my) (aur) api bady after death.		
22b. SIGNATURE	e, (I) (we) (did) (did nat) view the	bady after death.	22c DA1	TE SIGNED
22b. SIGNATURE	e, (I) (we) (did) (did nat) view the	DEGREE PHYS DEGREE	22c DA1	
22b. SIGNATURE 22d. PHYSICIAN S	we fly identification	DEGREE ATTENDING D 22e ADDRESS	IFD STAFF 22c DAT	TE SIGNED
22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) Jaime	e, (1) (we) (did) (did not) view the well unglan Punzalan, I.D.	bady after death. DEGREE ATTENDING D M PHYS D 22e ADDRESS 7620 York	Rd., Towson, Md.	te signed -4–69
22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) 23a BURIA., CREMATION, REMOVAL (Specify)	Punzalan, I.D. DATE 23c. NAME OF	DEGREE ATTENDING D M PHYS D D 22e ADDRESS 7620 York CEMETERY OR CREMATORY	Rd., Towson, Md.	TE SIGNED
22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) Jaime 23a BURIA, CREMATION, REMOVAL (Specify) BUTIAL	Punzalan, I.D. DATE 23c. NAME OF	bady after death. DEGREE ATTENDING D M PHYS D 22e ADDRESS 7620 York	Rd., Powson, I-id. 22c DAI Rd., Powson, I-id. 23d LOCAT ON (City or Town) Richmond. Va.	TE SIGNED -4-69 (County) (State)

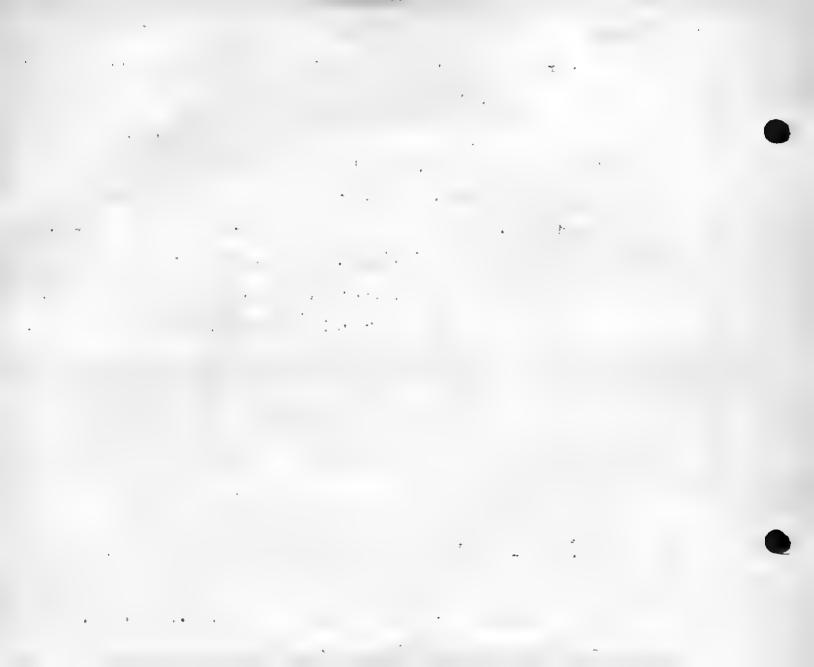
MARYLAND STATE DEPARTMENT OF HEALTH



_	ı.			ID STATE DEPARTMENT OF		
	1	03566	DIVISION OF VITAL RECORDS,			03560
	L			CERTIFICATE OF DEATI		
death.		ECEASED-NAME First Type or print)	arl T. Maxi	uell lost	20. DATE OF DEATH Month Dog	28 Year Cf P. M.
after the fun	3. SI	m	4. RACE W	S. DATE OF BIRTH	1903 6 AGE (In years last birthday)	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
in hours	7a.	BIRTHPLACE (State or foreign of Hio	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH BAITO	Md
ecuted within 24 completely filled i seye korbon paper y event, within 72		RANDALLS TOWN		STITUTION (If not in hospital 120 U	ISUAL OCCUPATION (Kind of work done most of warking Life even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
cuted with	13a		ed lived, if institution: Residence before 13b. COUNTY BA 10	130 CATY OR TOWN 130 INSIDE CO		Rd.
on ony ex	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAM		Thompson
ificate t nysicion n please al, ond	160	WAS DECEASED EVER IN U.S. ARN (es, no, prunknown) (If yes give w		NO. 17. INFORMANT	1ey 6 N. Rollin	7
Page 4 may be retained by the hospital or othending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers, Page 7 and 3 should be detached for use as the burial, tremation, or removal, and not event, within 72 to use at the burial and a removal, and to not event, within 72 to use at the burial and a removal, and to not event, within 72 to use at the burial.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA 44 8 5 Canditions, if ony, which gove)	y ane couse per line for (o), (b), and (c) BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	lopuemos	nia	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
Poge 4 may be retained by the hospital or othending physicion. • Full Rector, After this certificate has been signed by the attending director, poge 3 should be detached for use as the burial-transit permit.		rise to immediate cause (a), stating the underlying cause lost.	(b)	TOT DELAYED TO THE TERMINAL DISEASE	ODECOMOTION CIVEN IN DART 3/ml	
w requiring plants of the purity of the puri	NO	Cenerali	zed Anterio	sclerosis As	icub - Chro-	
The 1a offence of the 1a hos b lise as the prior of the 1a offence	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PI	YES NO	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	
CIAN: pitol or tificote d for u	MEDICAL CEI	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Manth Doy Year	21c. HOW INJURY OCCURRED (E	nter noture of injury in Port 1 ar Part 2,	Item 18.)
PHYS he host this cel letache	ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D.	No. City or Tawn	County State
R ATENDING PHYSIC retained by the hospin RECTOR: After this certifical 3 should be detached with the State Dept. al		22a. I certify that (I) (th	is haspital) attended the deceas	ed from 10 - 18 - 19 19 6 1, and that in (my) (our)	965, to 3-24,-19 opinion death accurred on the do	that (I) (we) last of and hour and from the
R ATTE retain RECTOR 3 shou with th		22b. SIGNAPORE	(i) (we) (did) (did nat) view the	a ATTENDING FF	MED STAFF	DATE SIGNED
ITAL O		22d. PHYS CIAN S NAME (Type) CES	AR VALLE CA	22e. ADDRESS	629 Liberty	Rd
O HOSPI Poge 4 r Should the	230	BURIAL CREMATION, 23b	DATE 23c. NAME OF Mend	CEMETERY OR CREMATORY	23d. LOCATION (City or Jown) Howm-a Ce	(County) (State)
VR A 35 (4) 30M REV. 1/68		FUNERAL DIRECTOR S. Wac Nac	Of 301 Frede	ow Ridge Com Lick Rd 250, REC DAP	D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
* 100	=		26-13	28111/4		



		- 1				D STATE DEPARTMENT C		/I A N.D. 21201	
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,	2 2		1 DE	CEASED-NAME First	Middle	Lost	20 DATE OF D		2b. HOUR
	er death. funeral l and 2			(pe or print) Kathry	n W	McGarity		March 12	1969 11 A M
	fun fun		3. SE		4. RACE	S. DATE OF BIRTH			IF UNDER 1 YEAR IF UNDER 24 HRS IONTHS DAYS HOURS MIN.
	a go			female	white	July 7,	1916	52 YRS.	TUNING PATS HUURS MIN.
	in late		70 B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF D	EATH	
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	fille pop		10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not in hospital 120	USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
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	xecuted within tompletely filler nove carbon pa	43	13e odmi:	USUAL RESIDENCE (Where deceosision) STATE Md.	ed lived, if institution. Residence before 13b. COUNTY Balto.	Towson 136. INS DE		et and number inthrop Co	urt
	d co	, ,	14. F.	ATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NA	AME First	Middle	Lost
	be on an			Maurice	H. Hoppert		lessie		Grimm
11/	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled to by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages at Figure 1 and 2 and 1 and 2 the Dariot of Health prior to buriol from the movel and in any event within 17 february after death.		lón Y	WAS DECEASED EVER IN U.S. ARN es, no or unknown) (If yes give w	AED FORCES? HOT OF dottes of service) 166 SOCIAL SECURITY 216 - 05 - 54	NO 17 INFORMANT Mr. Bernard	J. McGari	Address ty Same	
_/	certi her hen			18 CAUSE OF DEATH (Foter on	ly one couse per line for (o), (b), and (c)				APPROXIMATE INVERVAL BETWEEN ONSET AND DEATH
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	AN: I or cate	2	3)	2TO ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT		21c HOW INJURY OCCURRED	(Enter noture of injury	n Port 1 or Port 2, 1t	em 18.)
	and the state of t	5	MEDICAL	(If either, notify medical examination	ner) P.M. 1	9			County State
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	P Se \$ € Se \$	2		22a. I certity that (I) (th	ols haspital) attended the deceas blive on e, (I) (we) (did) (did not) view the	ed Fond that in (my) (our	r) opinion deoth o	curred on the dot	e ond hour ond from the
	Fe de la	<u> </u>		couses stored above	e, (I) (we) (did) (did not) view the	body after death.			
	AT CO Straight	= .		22b. SIGNATURE	Plaken.			22c. 0	ATE SIGNED
	OR BE		П	UNARON	y + course	DEGREE PHYS.	MED. DIRECTOR	PHYS.	3-13-69.
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	UNI UNI	and !	230.	BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATIO	(City or Town)	(County) (State)
	O Page	Fi A		REMOVAL (Sperfy)] 3	/14/1969 St. Jos	eph Cemetery	Texa		lto. Md
	VR AI	514	24.	FUNERAL DIRECTOR	ADDRESS		EC'D BY REGISTRAR	2Sb REGISTRAR'S	
	30M REV	1 68	M	tchell-Wiedefe	eld Home 6500 York	Rd Balto.	IR 1 7 1969	illand	by Greatist.



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L DECEASED WANTE Simb Hall	00000
DECEASED NAME Forth	
. DECEASED NAME First Middle Lost 20 DATE OF DEATH	2b HOUR
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To be designed by the country The countr	IF UNDER YEAR IF UNDER 24 HRS
lost birthdoy)	MONTHS DAYS HOURS M.M.
MATE WHITE JUNE 18, 1921 47 YRS. 70 BIRTIMPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARPHEN DISCUSSION 9, COUNTY OF DEATH	
70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 8. COUNTY OF DEATH	
	Md
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MARYLAND U.S.A. WIDOWED DIVORCED BALTIMORE 10 CITY OR TOWN OF DEATH FORT HOWARD 11 NAME OF HOSPITAL RESIDENCE (Where deceosed lived if institution Residence before 13c CITY OR TOWN 13d. IMPROVED IN 13d. IMP	INDUSTRY
130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM 157 13e STREET AND NUMBER	
Odmission) STATE MARYLAND 13b COUNTY BALTIMORE YEX NO 603 HILLTOP AT	VENUE
14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
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18 CAUSE OF DEATH (Enter only one couse per rice for (a), (b)) ond (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSCOUENCE OF	BETWEEN ONSET AND DEATH
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DUE TO, OR AS A CONSCOUENCE OF Conditions, if only, which gove)	
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Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost	
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No The Person of	
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NO DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? 2Db 1F YES, WERE FINDINGS CO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 in 100 CONTRIBUTING COURSE OF DEATH)	
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 In	tem 18.)
AND THE STATE OF T	
21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 In Houre Aim., Month Day Year [1] Continue of injury in Port 1 or Port 2 In Houre Aim., Month Day Year [2] Continue of injury in Port 1 or Port 2 In Houre Aim., Month Day Year [3] Continue of injury in Port 1 or Port 2 In Houre Aim., Month Day Year [4] Continue of injury in Port 1 or Port 2 In Houre Aim., Street, FACTORY, Day In Houre Aim., Street, FACTORY, Defice Building, ETC. [5] Continue of injury in Port 1 or Port 2 In Houre Aim., Street, FACTORY, Day In Houre Aim., Street, FACTORY, Defice Building, ETC.	County State
210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. Month Day Year PM 19 21d INJARY OCCURRED 21d	310.17
22a, I certify that 本) (this haspital) attended the deceased from March 2 , 19 69 , to March 3 19 saw the deceased alive an March 3 1969 , and that in (水) (aur) apinian death accurred an the data causes stated abave 本) (we) (did) (地址) view the bady after death.	60 that (I) (wa) last
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Saw the deceased dive an example of the last of the la	ATE SIGNED
See See D Start I Sterry 1. 1 DEGREE ATTENDING DIRECTOR DIRECTOR DIRECTOR 13/	/3/69
Z2d. PHYS CIAN S 22e ADDRESS	
NAME (Type) FRHARD J. BUNYOR, M.D. VA Hospital, Fort Howard, 1	id.
	15 - + 3 (5 - + 3
230. BURIA, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
Sow the deceased dive an interest of the later of the lat	
Causes stated abave **() (we) (did) (**ERT*) view the bady after death. 22b Signature	yland SIGNATURE



3				DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
			03569		CERTIFICATE OF DEATH		03563
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e executed within 24 haurnand completely fulfed in by remove carbany pages. In any event, within virtue of	21		USUAL RESIDENCE (Where deceonsion) STATE	sed lived, if institution. Residence belove 13b. COUNTY	13c CITY OR TOWN 3d INSIDE CO	TY LIMITS? 130 STREET AND NUMBER	l-tt. (21223)
and co	4	14. F	ATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAM	,)	Lost
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Degret A may be retained by the haspital or attending physician. Defuneral DIRECTOR: After this certificate has been signed by the attending physician and completely fulfied in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbony pages. Pages 1 and Should be filled with the State Dept. of Health prior to burial, cremation, or removat, and in any event, within remains after death			WAS DECEASED EVER IN U.S. ARI	war or dates of service)		Address Al 70)	articole ST.
he death cert attending pl permit. Ner			18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ly one couse per line for (o), (b), and (o		eni Intempe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the de the atte			Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE O	0	n Enemo-	
squires that physician. signed by t burial-trans			rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE O		dy material.	
r requirence of the purity to buri		*	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE (
The lavattendi attendi has be se as t	2	CERTIFICATION	190, DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS F	YES NO	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
ICIAN: oital ar tificate d for u		MEDICAL CER	210 ACCIDENT WAS UNDERLY!! ☐ OR CONTRIBUTING ☐ CAJSE OF DEA (If either, notify medical exami	TH HOUR A.M. Month Day Yes	21c HOW INJURY OCCURRED (E	nter noture of injury in Part 1 or Port	2, Item 18.)
OR ATTENDING PHYSICIAN: The law re be retained by the haspital ar attending DIRECTOR: After this certificate has been je 3 shauld be detached for use as the ed with the State Dept. of Health priar to		ME	21d INJURY OCCURRED 21e While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, E OFFICE BUILDING, ETC.	ACTORY,) 21F LOCATION Street or R.F.D.	/	County State
NDING ed by t t: After Id be d			22a. I certify that (I) (the	ris haspital) attended the decea ulive on 7/26 e, (I) (we) (did) (did nat) view tha	sed from 19 19 19 19 19 19 19 19 19 19 19 19 19	opinian death accurred on the	19 <u>.69</u> , that (1) (we) last dote and haur ond from the
R ATTE retain SECTOR 3 show			22b. SIGNATURE	e, (i) (we) (did not) view ind	ATTENDING	MED STAFF	2c DATE SIGNED
SPITAL O 4 may be VERAL DII far, page Id be filed	1		22d PHYSICIAN'S NAME (Type)	21/1X F SUAL	DEGREE PHYS. 22e. ADDRESS	Enwarmsex 15	3/2×14
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the		23o	BURIAL, CREMATION, 23b. PEMOVAL (Specify)	DATE 230 NAME O	F CEMETERY OR CREMATORY The Carmetery	23d. LOCATION (Gity or Town)	(County) (Stote)
2 0 VR A35 M	68	24 71	FUNERAL DIRECTOR	In Ire. 901 Holes	250. REC	D BY REGISTRAR 2Sb REGISTRA	
2	1	<u></u>	-:/		DATE P		N. G. A. S.

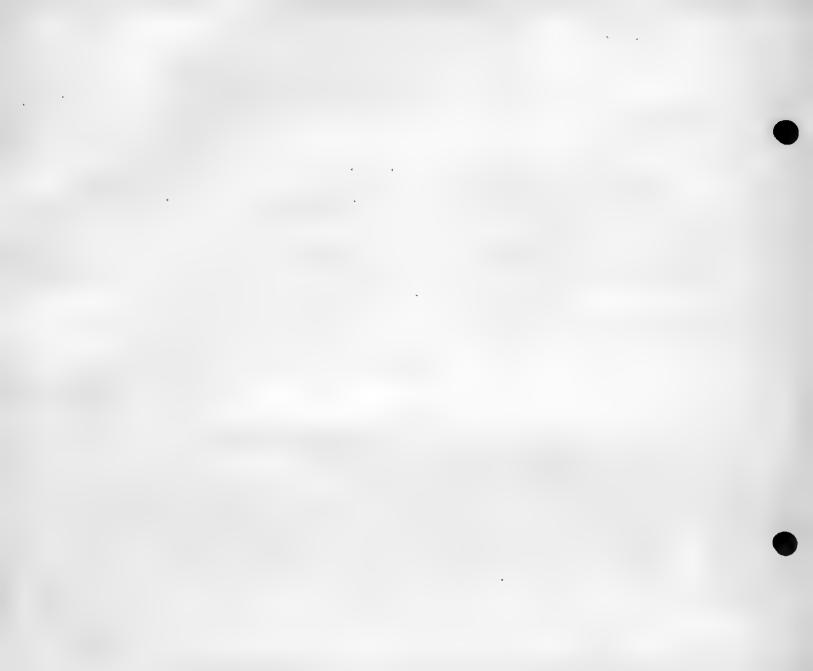
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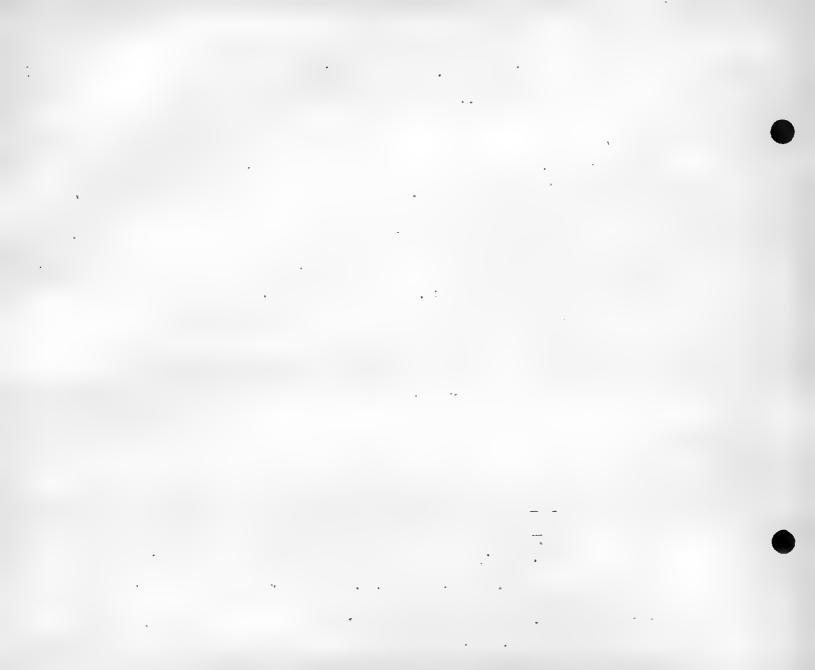


1 7	1	MARYLAND STATE DIVISION OF VITAL RECORDS, 301 W. PF	DEPARTMENT OF HEALTH	AND 21201		
FOR STATE			'S CERTIFICATE OF DEATH	0	3566	
HEALTH DEPT.		DECEASED NAME First Middle	Last	20 DATE KNOWN Month	Doy Year	2b. ∺OUR
oy is 3 to Poge	(Type or Print) ADA	MELTON	OF EST - DEATH MATED X	19	М
- 3 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	3. 5	asi be	(n years IF UNDER 1 YEAR IF UNDER 24 HRS. orbday) MONTHS DAYS HOURS MUN YRS	2c. DATE PRONOUNCED DEAD Menth Doy March 10.	Yeor 19 69	2d HOUR
- F C / S/Sign \		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8		NTY OF DEATH Baltimore	.,,,,,	P 8 M
Give Pages 1, ong with form ith the State Destruction	10 (Towson (Greater Balto	T FUTION (If not in hospital 120 JSJAL OCC		126 KIND OF BUSIN	IESS OR
er de Sive F ng wi h the	130	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before)		13e STREET AND NUMBER		
9 6 6	0	dary land Vib. COUNTY KAXXXXXXXXX	Baltimore YES 🔀 NO 🗆	1000E. 20th S	Street	
24 hours office in the standard of the standar	4. 1	FATHER'S NAME Rabert Middle Brow-	IS. MOTHER'S MAIDEN NAME First	Middle	Last	
I within 24 in pencil in Exominer's Exominer's File pages 17 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war or dates of service) 2.16 - 2.4 - 3:	LA O. L. T.	DADDRESS 26/0 ass	swith,	14.
		18. CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c))			APPROXIMATE I	
be executed "pending" in rief Medical E onsit permit. F event within		PART I. DEATH WAS CAUSED BY IMMIDIATE CAUSE (a) Arteriosc	<u>lerotic Cardiovascula</u>	r Disease		
exi end it p		DUE TO, OR AS A CONSEQUENCE OF				
		Canditions, if any, which gave use to immediate couse (a), (b)				
should be executer to word "pending" to the Chief Medical burial-tronsit permit.		storing the underlying couse lost.				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	THE TATEL TO THE TERMINAL PICEASE OF CONDITION	CAUCH IN DARK I/-)	1	
ircote ma the ded to ded to os o b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBETING TO DERIFE BUT NOT I	CECATED TO THE TERMINAL DISEASE OF CONDITION	GIVEN IN PART I(0)		
te, writing the word forworded to the Corworded to the Ce used os o burial-tremoval, and in any	CERTIFICATION	19d DATE OF OPERATION 19b CONDITION FOR WI	HICH OPERATION		20 AUTOPSY)
9 5 5 F /	E S	WAS PERFORMED?			YES [K]	NO 🔲
# T 은 Y	WEDICAL CER	21a. EXTERNA. CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M P.M. 19	21c HOW INJURY OCCURRED (Enter noture	of injury in Part 1 or Port 2, lite	m 18)	
조 하는 프 등 등	WEL	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	21f LOCATION Street or R F D No	City or Town	County	Stote
		22a. I certify that I took charge of the remains described	abave, held an Autapsy X Inst	pectian . Inquiry .	, and in my	opinian
CO or con		death resulted fram Natural causes X Accident		Undetermined manner		
lease directed directed DIREC		1100 11 11 11 11 11 11 11	CHIEF MEDICAL EXAMINE	R 🔲		
A A A B D TO		SIGNATURE WWW Y L	M.D. ASSISTANT MEDICAL EXAM			
DEPUTY Ressary, please e funeroi direct may be reform FUNERAL DIRE		EXAMINER'S Werner U. Spitz, M.D.	DEPUTY MEDICAL EXAMIN		11/69	
O DEPUT necessary, the funer 5 moy be 0 FUNERA Heolth p	22-	NAME (19pe)	ADDRESS(Street, city, tay		15-1-bil (5)	(A)
2	230	Sures 3-14-69 ach	utus Mem. Fh. 7	alternace	(Caunty) (Sty	
VR A15ME (5)	W.	Muglow S. Phillips 172:	Th. Money MAR 18	1969 256 REGISTRARS S	Judge -	



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03567 CERTIFICATE OF DEATH DECEASED NAME Middle lost 20. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or print) Manth HELEN S. MEYERS 3:55M 69 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF JHDER 24 HRS. filled in by the 13 last birthday) MONTHS Negro Female 9-26-1895 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 🔼 NEVER MARRIED country) WIDOWED [Corbit. Md U.S.A. DIVORCED [Baltimore, 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY remave carban Baltimore, Md. **GBMC** burial, crematian, ar remayal, and in any event, 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY Hereford admission) STATE Big Falls Road 14. FATHER'S NAME Middle Los? **1S MOTHER S MAIDEN NAME First** Middle 26 GEORGE STERRETT MARY STERRETT requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes no, ar unknawn) (III yes give war or dates of service) Mr. Albert B. Myers Big Falls 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attendir burial transit permit. Carcinoma of left lung with widespread metastases DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial transhould be filed with the State Dept. af Health priar ta burial, crer DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Bronchopneumonia 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES IX NO [21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIEUTING CAUSE OF DEATH HOUR A.M Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1/9/ , 19 69 , ta 3/5/ , 19 69 , that (I) (we) last saw the deceased alive an 3/5/ 19 69, and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22h SIGNATURE 22c DATE SIGNED ATTENDING STAFF 3/6/69 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Greater Baltimore Medical Center Rudiger Breitenecker, M.D. 23c NAME OF CEMETERY OR CREMATORY 23b, DATE 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) (State) 3-8-69 Hereford St. Luke Ch. Cem 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 1701 Laurens St. F.H. DATE MAR DYETT



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03568 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME First M.ddle 20. DATE KNOWN Doy (Type or Pnnt) ESTI-PAULINE 19 69 EVELYN DEATH MATED X MILES 4 RACE 6 AGE in years IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH white Oct. 18, 1921 female March 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Maryland WIDOWEDX -DIVORCED FIT Baltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in hospito-120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Glen Michael - 104 Randallstown Page 4 shauld be farwarded to the Chief Medical Examiner's Office along 13a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY JIMITS? 13e STREET AND NUMBER death. 13b_COUNTY Baltimore NO X 8523 Glen Michael I and 2 after 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Imogene Michael haurs 17 INFORMANT 160 WAS DECEASED EVER IN ILS ARME 16b SOCIAL SECURITY NO. This certificate shauld be executed within Mrs. Donna Ruckart 5604 Gwynn Oak Ave. & (Yes, no. or unknown) 215-12-3124 File event within 72 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. Barbiturate Overdose IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove rise to immediate couse (a). please execute the certificate, writing the word any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ar remaval, and in PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o SD CERTIFICATION 20 AUTOPSY? 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X NO 🗔 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year PRIMARY K OR CONTRIBUTING burial, crematian, Subj. ingested an overdose of pills UNKPM UNK 19 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. Stote 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town foctory, affice building, etc.) WHILE MOT WHILE AT WORK AT Baltimore, Md. home 22a. I certify that I taak charge of the remains described above, held an Autopsy XI. Inquiry and in my apinian Inspection Suicide X. Undetermined manner Natural couses Hamicide death resulted from Accident CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 3/31/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz M.D ADDRESS(Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION (County) (510te) Burlal (Specify) Baltimore Loudon Park Md. 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Stansbury, Sr. -641 Windson Mill Rd. 7 Ochone Judg

MARYLAND STATE DEPARTMENT OF HEALTH

Sec. 2.

	r	2 mm 21			EPARIMENT OF				
		03575	DIVISION OF VITAL RECORD			TIMORE, MARYLAND			
	L			CERTIFICA	TE OF DEATH		(03568)
death		ECEASED-NAME First ype or print)	Middle		Lost	2a. DATE OF DEATH	h Day	Yenr	2b. HOUR
	3 5	JOHN JOHN	La page		LER	March	6	1969	N
	3 31		4 RACE	2	DATE OF BIRTH	6 AGE (I ast birt	n years III		F UNDER 24 HRS HOURS MIN
	70	Male BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	0 7	July 23, 18	892 76			
	cani	Maryland	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 COUNTY OF DEATH			
	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSP TALOR	ton 10 NO THITIZAL	in hasaital 12a IISII	Baltimore AL OCCUPATION (Kind of		12. KIND OF	Md
2		77	give street address) Vo	eterans /	dm. during m	nast of working life, even pervisor		12b KIND OF INDUSTRY	as t
,	13a adm	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before						
			d las county Anne Aru			OX RFD #9		2	
ji	14 1	ATHER S NAME FISH LEWIS	Middle Last MILI		NOTHER'S MAIDEN NAME		Middle	0.0017.71	Lost
	160	WAS DECEASED EVER IN U.S. ARM			ORMANT	RGARET	-	SCHLI	NE
	Y	es, PESnknown) Wysale w	or or dates of service) 214 12			VA Hospita	Address 1, Ft H	loward 1	Md.
		18. CAUSE OF DEATH (Enter an	y one touse per ne for (o), (b), and o	(c))				APPROX MA	E INTERVAL
		PART I. DEATH WAS CAUSED IMMEDIA	D BY. THE CAUSE (a)ACUTE M	YOCARDIAI	INFARCTION	V			The Bearing
		4109	DUE TO, OR AS A CONSEQUENCE I	OF .					
		Conditions, if agy, which gave anse to immediate cause (a),			HEART DISE	SE			
		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE (OF .					
			(c) IDITIONS CONTRIBUTING TO DEATH BUT	NOT PERATED TO T	HE TERMINAL O CEACE OR	CONDITION CIVEN IN DADY	1/6)		
	_	The state of the s	DITIONS CONTRACTOR TO DENTIL SOF	NOT RECISED TO 1	ILL TERMENAL D JUNE OK	COMBINON GIVEN IN TAKI	1(0)		
	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	206 IF YES, WERE	FINDINGS CON	SIDERED IN CER	TIFYING
	STIES.				YES- NO	CAUSES OF DEATH		es	
		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH		21c HOW	INJURY OCCURRED (Ente	er nature of injury in Part 1	ar Part 2, Iter	n 18.)	
	EDICAL	(If either, notify medical examin	ier) P.M.	19				,	
		21d INJURY OCCURRED 21e While Nat while at wark	PLACE OF INLURY (AT HOME FARM, STREET OFFICE BUILDING, ETC.	FACTORY) 21f LOCA	TION Street or R.F.D. No.	City or Town		County	State
		220. I certify that (K(thi	s hospital attended the deceding an Mar.	sed from Ma	r. 5 , 19	69, to Mar.	6_, 19	69, that ((we) las
		saw the deceased al	rve an Mar. 5 , (#) (we) (did) (d###9#) view th	_19 02, and t	not in (my) (our) op	inion deoth occurred	on the dote	and haur an	id from the
		22b SIGNATURE	to (ma) (and) (and mort) view in	e body diret det			22c DA1	TE SIGNED	
		madhar.	A. Barhans	THE REAL PROPERTY	ATTENDING A	WED STAFE DIRECTOR PHYS.		6/69	
,		22d. PHYSICIAN'S NAME (Type) MATOTT			22e ADDRESS	7 Flores 27-11			
		TEMPLE				1, Fort Howa		4	
		BUR AL, CREMATION, 23b C	1 1	F CEMETERY OR CR		23d LOCATION (City or		(County)	(State)
		FUNERAL DIRECTOR		imore Na		Baltimore By REG STRAR 25b0	McI REGISTRAR'S SIG	SNATURE	
R			Funeral Home B	50 Easter	n Ave	10 369	Maria	A Year	
1	<u></u>		421	- 1 CO 11U					

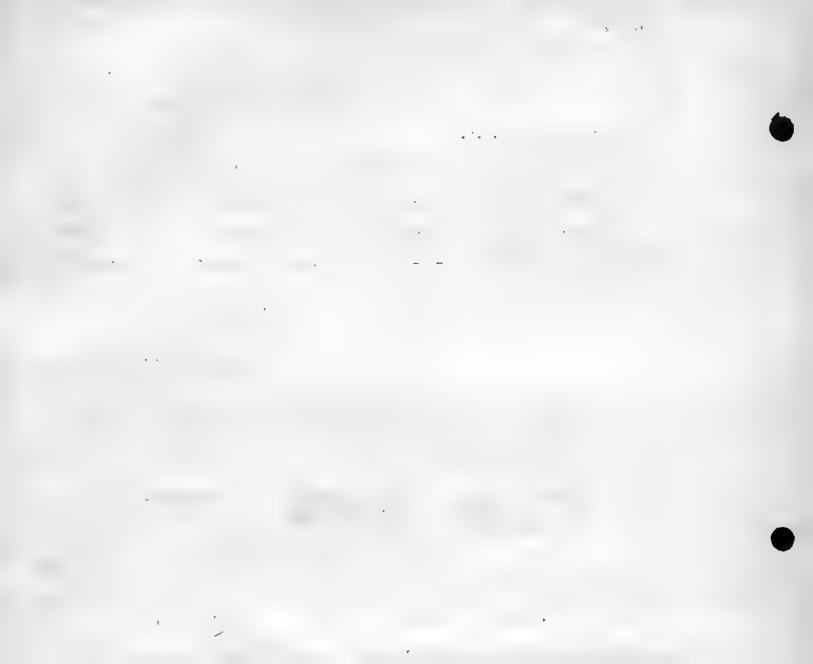


1 💋	maryland State department of the deviation of vital records, 301 w. preston street, by CERTIFICATE OF DEAT	ALTIMORE, MARYLAND 21201 03570
ad in by the funeral pars Pages 1 and 2	1 DECEASED-NAME First Middle Lost (Type or print) Moeller, Pauline C.	20 DATE OF DEATH 2b. HOUR 11. 20
mpletely filled in by the funeral person papers. Pages 1 and event, within (2 name after deat)	3. SEX 4 RACE S. DATE OF BIRTH 1/21/95	6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
2 harry	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Country) Marylabd USA WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore
75	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) Towson 120. U	USUAL OCCUPATION (Kind of work done amost of working life, even if retired) INDUSTRY
31	13d USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission) STATE Md. 13d. COUNTY Baltimore Balto. YES X	NO 1424 Holbrook St.
L	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAM John F. Moelder Edelbru	AE First Middle Lost
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 10 Hospice	
	IB. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave inset a immediate cause (a), stoting the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	wer extendes Here year
2		OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Enter nature of injury in Part 1 or Port 2, Item 1B.)
	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY, While Not while at work at work	. No City or Town County State
	22a. I certify that (!) (this haspital) attended the deceased fram	98 , ta 3/21/69 , 19 , that (I) (we) la apinian death accurred an the date and haur and fram the date and haur and
Married Street, Street	22d. PHYSICIAN S NAME (Type) Dr. J. David Nagel. 22e. ADDRESS Mockingb 23o BJRIAL (REMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY	zird Lane, Tovison, Md. 23d LOCATION (City or Town) (County) (Stote)
R	REMOVAL (Specify) Burial 3/25/69 Most Holy Redeemer 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. 5305 Harford Road 21214 DAMA	Baltimore Maryland D BY REGISTRISCO 256 PROFITAR S MONATURE R 2 4 960 256 PROFITAR S MONATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03577 03571 CERTIFICATE OF DEATH 1 DECEASED NAME Middle Last 20. DATE OF DEATH 25 HOUR Month 3 (Type or print) Phyllis В. Monaghan 3. SEX 4. RACE S. DATE OF BIRTH F UNDER 1 YEAR 6 AGE (in years law requires that the death certificate be executed within 24 haurs after last birthday) ZHINDM OAYS Female White 1/10/35 YRS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED A NEVER MARRIED Maryland Baltimore U.S.A. WIDOWED [7] D-VORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to) 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR qive street oddress) 3409 Orbitan Rduring mest of working the even fretired.) Parkville. 13a LSUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c. CITY OR TOWN 13d HISIOE CITY LIMITS? 13e STREET AND NHMBER 13b. COUNTY Baltimore Parkville 3409 Orbitan Rd 14. FATHER S NAME Middle Last IS MOTHER'S MAIDEN NAME First M ddle Donald Galgano Alice Bock 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC:AL SECURITY NO. 17. INFORMANT Address [(If yes give war or dates of service) Yes, no, ar unknown) 217-30-3060 Mr Michael T Monaghan Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND CEATH signed by the attendir burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF \$ Conditions, Fony which gave) r se ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE O stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OPCONDITION GIVEN IN PART 1(0) ifter this certificate has been be detached for use as the 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20e AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If e ther, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d JULIERY OCCURRED City or Town County State While Not while TO FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) attended the deceased from 6/7/68, 19.
saw the deceased alive on 3/2/4 | 1964, and that in (my) (aur) of saw the deceased alive on 3/24, and that in (aur) opinion death occurred on the date and hour and from the causes stated above (1) (we) (align (aur) view the bady after death. 226 SIGNATURE ATTENDING. DIRECTOR L 22d PHYSICHAR'S NAME (Type 22e. ADDRESS Richards, Jr. M.D. 6701 N. Charles Street 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. (County) (Stote) REMOVAL (Specify) Gardens Of Faith Baltimore. Maryland 3/31/69 AMAR 2 8 1969 24 FUNERAL DIRECTOR Leonard J Ruck Inc, Baltimore, Maryland

MAKTLAND STATE DEPAKTMENT OF HEALTH

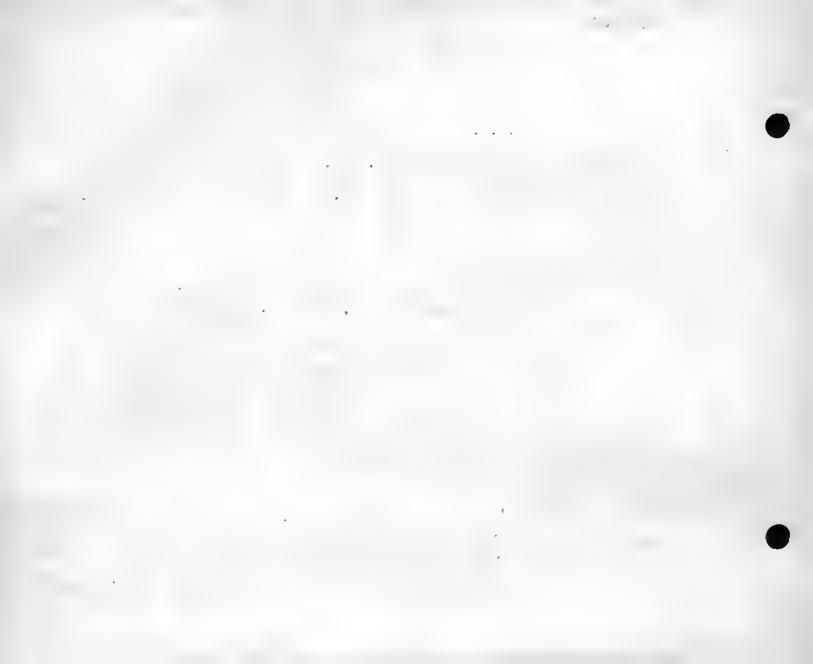




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	a e e e		160 Y	WAS DECEASED EVER IN U.S. ARME	D FORCES? 165 or dates of service)	SOCIAL SECURITY		INFORMANT			Address		
	phy en g				or dates of service)	212-05-8		Amy W.	Morgan_	42 Ac	orn Circle		, Md .
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amplete ve carb	30 USUAL RESIDENCE STATES	IDENCE (Where deced	osed lived, if institution 3b. COUNTY Ball to	n Res dence before		AF,	NO Stati	and Number ord Hote	Btreet	
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physiciam physiciam ien blease oval, änd ti	léa. WAS DECE Yes, ng. ar L NO	ASED EVER IN U.S. AR nknawn) [If yes give		66. SOCIAL SECURITY 216-45-06	NO. 17. INFO	.K. Dankme	eyer 929 N	Address Howard	St.	
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TO HOSPITAL (Page 4 may b TO FUNERAL) director, page should be file	230 BURIAL, C		DATE 3-20-1969	Loude	cemetery or cre	MATORY	23d. LOCATION (C		(County)	(State)
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MAKTLAND STATE DEPAKIMENT OF REALTH



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03583 03577 CERTIFICATE OF DEATH DECEASED-NAME First Middie Last 2a. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or pnnt) 6:50 1959 MURRAY MARCH EDWARD S DATE OF BIRTH
JULY 10, 1911 6. AGE (In years last biphoay) 3 SEX 4 RACE IF UNDER + YEAR IF LINDER 24 HRS. MAKE WHITE DAYS MONTHS HOURS the attending physician and completely filled in by the sit permit. Then please remove carban papers. Page: 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) U.S.A BALTIMORE. MARYLAND WIDOWED [7] DIVORCED [within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) JOSEPH during most of working life even if retired.) INDUSTRY AURANT TOWSON 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YESTY CHESTERFIELD AVE. #2121 BALTIMURE burial, crematian, or remayal, and in any 14 EATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) SAME 213-01-1363 MRS ELIZABETH APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary infarction. signed by the burial-transit p Conditions, if any, which gave) Pulmonary congestion. rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. of Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗍 NO PC by the hospital ar 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R F.D. No. 21d. INSURY OCCURRED 21e. PLACE OF INJURY City or Town State **Equaly** While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram February 1, 19 69, to March 31, 19 69, that (1) (we) last sow the deceased alive an March 31, 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did nat) view the body after death. director, page 3 sha should be filed with 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. March 31.1969 DEGREE 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 7620 York Road, Towson, Md. 21204 23o. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Cathedral Comotory RECD BY REGISTRAK 188 MEETIFAR'S SIGNATURE VR A15 (4) 30M REV 1/68 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home-6500 York Rd. 21212 1969 DATE APR



						ND STATE DEPARTME		
K	_ 1			03584	DIVISION OF VITAL RECORDS	=	ET, BALTIMORE, MARYLAND 21201	
1		- (24		CERTIFICATE OF D	DEATH	03578
	# 124	- 1		CEASED-NAME First (PB or print)	Middle	Lost	2a. DATE OF DEATH	Day Year
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	by P		7a B	IRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED ANEVER MARRIE	ED 9. COUNTY OF DEATH	
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	Swithin 24 erely filled arban pape orthin 7		10. C	TY OR TOWN OF DEATH	give street address)	NSTITUTION (If not in hospital St. Hosp.	12a. USUAL OCCUPATION (Kind of work do during most of working life, even if retired CARPENTER	ne 12b KIND OF BUSINESS OR INDUSTRY
	ed within		13a.	SUAL RESIDENCE (Where deceas	ed lived, if institution. Residence pefor	13c CITY OR JOWN	d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
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\wedge	equires that the death certificate be executed within 24 I physician. signed by the attention physician and campletely filled in burial-transit permit. Then please remove carban paper burial, cremotion, or removal, and in any event, within 72		16o. Ye	WAS DECEASED EVER IN U.S. ARN es, na, or unknown) (If yes give w	ED FORCES? or or dates of service] 218-14-1		, Mount Wilson St	ate Hospital
/ \	The Day			18. CAUSE OF DEATH (Enter on	y one cause per line for (o), (b), and (().)	. /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	or or cate		E GE	210. ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY	21 c. HOW INJURY OCCUP	RRED (Enter noture of injury in Port) ar Part	2, Item 18.)
	d for a far		MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	er) P.M.	19		_
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	ING by t ffer be c			22a. I certify that (I) (th	s hospital) attended the deced	sed from 3 - 4/ -	, 1969, to 3-25	19 <u>67</u> , that (I) (we) last
	OR ATTEND be retained DIRECTOR: A DIRECTOR: A le 3 shauld ded with the S		П	causes stated above	ive an <u>S-25-</u> , (I) (we) (did) (did not) view th	_IY 🛵 , and that in (my) e body after death.	(aur) apinian death occurred on the	
	reto		Ш	22b. SIGNATURE	110.00	ATTENDING		22c. DATE SIGNED
	L OR r be r DIRE	1	Н	22d. PHYSICIAN'S	unomen	DEGREE PHYS. 22e. ADDRE		
	Page 4 may 10 FUNERAL Degree of FUNERAL Degree of director, page should be fill		,	NAME (Type) Wil	liam Newcomer,	M.D. Moun	t Wilson, Marylar	nd
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	30M REV. 17	/95	7	XXXX	see for mes	1 BRIDGE 1	MAR 2 7 1969 *** >	and the State of t



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		ECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03579
	03585	CERTIFICATE OF DEATH	
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eat Fd eat	(Type or print) KATIE	NEARY 03 Manth 06	3° 6°9′ 12:1 ₁₂
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ENG Pred The the	causes stated above, (I) (we) (did) (did nat) v	view the bady after death.	date and naur and tram the
OR ATTENI De retoined DIRECTOR: A e 3 should ed with the	22b. SIGNATURE		2c. DATE SIGNED
OR of the part of	Kul Ol Switz	DEGREE PHYS DIRECTOR DIRECTOR PHYS. W	ARCH 6, 1969
V P P P P P P P P P P P P P P P P P P P	22d. PHYSICIAN'S	22e. ADDRESS	
E E E E E E E E E E	NAME (Type) RICHARD L. SMIT	H M.D. 6701 NORTH CHARLES S	TREET
Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healing	23g BURIAL CREMAT ON, 23b DATE 23c	NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
Pag Pag dire	TO REMOVAL (Specify)	t. Carmel Cemetery Baltimore Md	, ,,
nd:	24. FUNERAL DIRECTOR	ADDRESS 250, REC D BY REGISTRAR 256, REGISTRA	R S SIGNATURE
VR A15 4 30M REV 1.268	24 FUNERAL DIRECTOR B. Dabrowski 2818 E. Bal	timore St. DATE MAR 11 1969 fcc	corles judge
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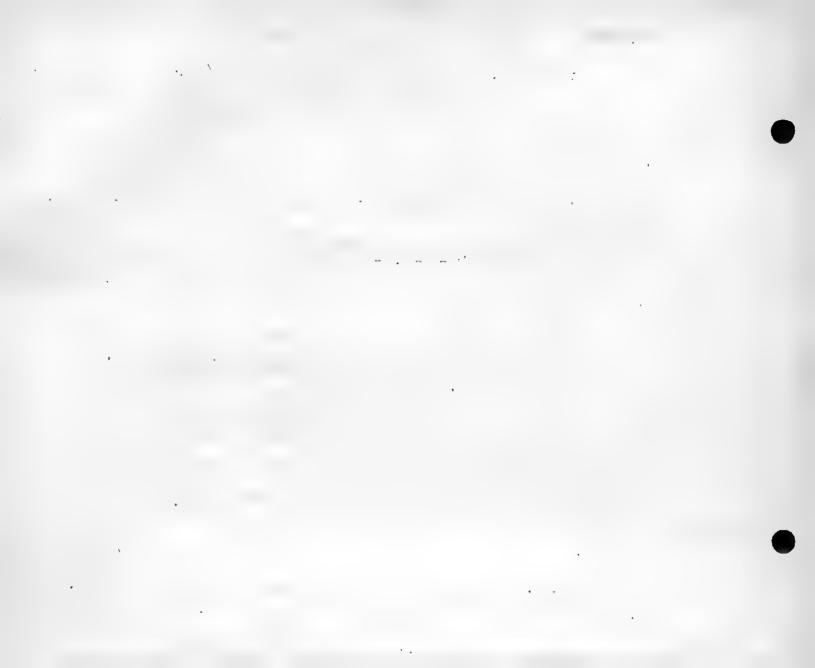
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*	lea WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARMED FOR		SOCIAL SECURITY		FORMANT		Address		
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	18 CAUSE OF DEAT	H (Enter only one	couse per line fo	or (a), (b), and (c))				APPROX MA BETWEEN ONSI	JE INTERVAL ET AND DEATH
	PART I DEATH	WAS CAUSED BY: IMMEDIATE CAU	SE (a)	Men	M	onia			5	Day.
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	stating the underly			CONSEQUENCE OF	6					
	-	JULICANT CONDUTION	(t)	TO DEATH DUT I	OT BELATED TO	THE TERMINAL DISEASE O	O CONDITION ON THE			
	TAKE Z OTHER SIGN	THE TONDITION	3 CONTRIBUTING	O DEATH BUT N	OI KELATED TO	THE TERMINAL DISEASE C	IKTONDITION GIVE	N IN PART (o)		
	190. DATE OF OPERATE	ON 19b. CONDITI	ION FOR WHICH	OPERATION WAS PE	RFORMED	20o. AUTOPSY?	20b. II	YES, WERE FINDING	GS CONSIDERED IN CER	TIFY,NG
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1	S GOR CONTRIBUTING C		HOUR A.M. N P.M.	lonth Doy Yeor 1						
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	saw the de	ceased alive ai ed obove, (I) (i	n 2 we) (did) (dic	not) view the	hody after d	that in (my) (our) a eath	ipinion deoth	accurred on the	date ond havr ar	nd from th
	22b. SIGNATURE		, () (2047 41107 41			1	22c. DATE SIGNED	
	2016	Saco	ngor	r m	. D. DEGRE	E PHYS	MED DIRECTOR	STAFF PHYS.	3/7/69	9
1	22d. PHYSICIAN'S NAME (Type)	Dr. Domi	- C	Comono		22e ADDRESS		Zamer Bag	J Polho	MJ
		Dr. Domi	ngo C.						d, Balto.	, Ma.
1	(30 BIJRIAL, CREMATION, REMOVAL (Specify)	23b DATE 3 - 1	0-1969		CEMETERY OR C			ON (City or Town)	(County)	(State)
-	REMOVAL (Specify) BURIAL 4 FUNERAL DIRECTOR			New Cat		Cemetery		imore, M	ARS S GNATURE	
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2.1	MAKTLAND DIVISION OF VITAL RECORDS, 3	O STATE DEPAKTMENT OF BOT W. PRESTON STREET RAI'		
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3. SEX	4 RACE Caucasian	S. DATE OF BIRTH 8/7/79	6. AGE (In years lost syrthday) YRS.	IF UNDER 1 YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN.
country) a my a and		8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Baltimore	Md
10. CITY OR TOWN OF DEATH TOWSON	II NAME OF HOSPITAL OR INST	ITUTION (If not in hospitol 120 USA Maris Hospice during n	UAL OCCUPATION (Kind of work done nost) of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
130. USUAL RESIDENCE (Where deceosed odmission) STATE Md.,	lived, if institution Residence before pb COUNTY Raltimore	Baltimore YES 3	umits? 13e STREET AND NUMBER 2863 Chester	field Ave.
14. FATHER'S NAME First Roger Ford	Middle Lost	is. Mother's Maiden Name Catherine		Lost
160. WAS DECEASED EVER IN U.S. ARMED	D FORCES? or dates of service) 16b. SOCIAL SECURITY NO. 213-05-012		Address Hospice Records	
PART 1. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF	mal obstru	ufiz	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Month 2 Month 4
stoting the underlying couse lost PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF (c) PA VEYOUR ITIONS CONTRIBUTING TO DEATH BUT NOT ONDITION FOR WHICH OPERATION WAS PERI	T RELATED TO THE TERMINAL DISEASE OR	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
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22a. I certify that (I) (this	haspital) attended the deceased ve an 3/25/19 (1)-{we) (did) (did nat) view the b	d fram July 1st , 199 9 , and that in (my) (aur) a ady after death.		<u></u>
22b. SIGNATURE 1 K ULL 22d. PHYSICIAN S	gr _	22e. ADDRESS	DIRECTOR C PHYS. C -	DATE SIGNED 3/26/69
NAME (Type) Dr 230. BUR,AL (REMATION, 23b. DA	Mayor Nagel	812 Mocking	nobird Lane, Tows	(County) (Stote)
230. BUR AL CREMATION 23b. DA REMOVAL (Specify) 3	->8-69 Ci-	thedral em	By REGISTRAR 25b. REGISTRAR R 2 8 1969	~ med.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03585 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED NAME Middle JR 20 DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-O'LAUGHLIN DEATH MATED X FRANCIS F UNDER 24 HRS 3. SEX 4. RACE S DATE OF BIRTH AGE (In years 2c DATE PRONOUNCED DEAD 24 HOUR Month March 29 YRS male white 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office along with form USA WIDOWED [DIVORCED (** Baltimore the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 17b KIND OF BUSINESS OR during most of working life, even if retired.) Bowley's Ot. Road INDUSTRY Essex 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d. INSIDE CITY JUNIES? 13e, STREET AND NUMBER 13b Baltimore YES NO X Rte 15, Box 690 Cgestnut Rd. Essex after Middle 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME B1555 FRANCIS OLAUGITLIN Æ hmurs 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within (Yes, na. ar unknown) WMC, CLUSTER APPROXIMATE INTERVA. in any event within 1B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c),) BETWEEN ONSET AND DEATH should be farwarded to the Chief Medical permit. PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if ony, which gave rise to immediate cause (a), certificate should wr ting the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse or removal, and PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) nseq 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X NO T 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18.) Subj. in 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 3 should PRIMARY X OR CONTRIBUTING HOUR A.M. 1:11KK 3/15 19 69 auto- apparently racing another car Id INJURY OCCURRED

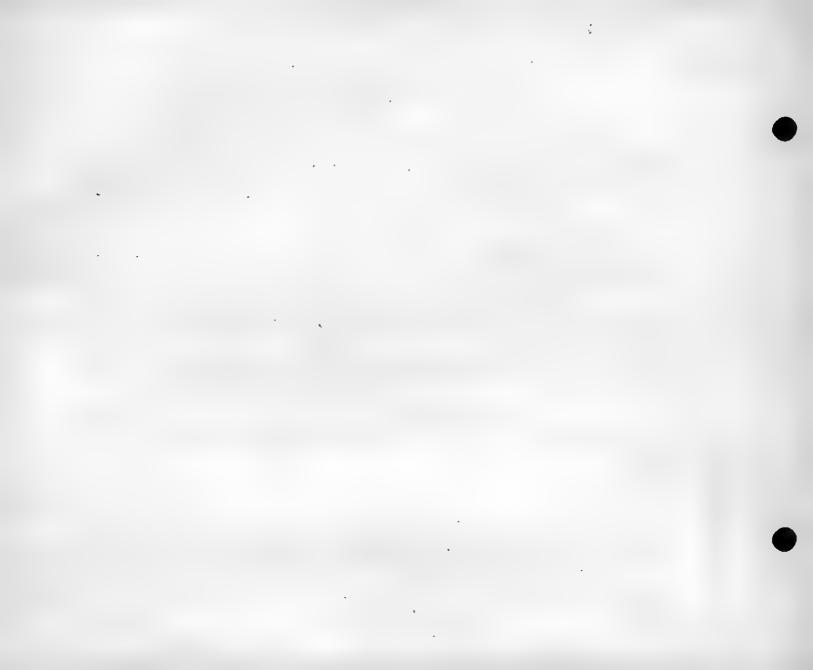
WHITE MOT WORLE BOWLEY S Qt. Rd - Burke Rd. 21f LOCATION Street or R F D Na 21d INJURY OCCURRED County City or Town Essex, Baltimore, Maryland 220 I certify that I took charge of the remains described above, held on Autopsy [X]. Inspection Inquiry ond in my opinion deoth resulted from Notural couses Homicide Undetermined monner Suicide . Accident CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3/15/69 DEPUTY MEDICAL EXAMINER Werner U. Spitz, **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 23d BURIAL CREMATION. 23d LOCATION (City or Town) ((aunty) REMOVAL (Specify) MATIONAL 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) 300 MACGOMAR 4 Chanter Verdall



E		Λ	MARYLAND ST	ATE DEPARTME	NT OF HEAL	TH	_	_	
Г	03592	DIVISION OF VITAL	RECORDS, 301 \	V. PRESTON STRE	ET, BALTIMOR	E, MARYLAND 2	1201 ()	3586	
_	DECEASED-NAME Firs		Middle	FICATE OF D		DAYS OF DEATH			I
	(Type or print) LIEME		O NE	Last ILL		date of death	1989	Year	25, HOUR
3.	SEX	4. RACE		S. DATE OF BIRT		6. AGE (In y	rears If Ut	NDER 1 YEAR IF	UNDER 24 HRS
L	Male	Wh	nite	Februa	ry 22, 1	.899 last birthdo	dy) MONT	INS DAYS H	ICIURS M N
	BIRTHPLACE (State or fareign	75 CITIZEN OF WHAT COUN	TRY? 8 MAR	RIED NEVER MARRI	ED 9 CO	UNTY OF DEATH			
L	Maryland	U.S.A.	WIDO	WED DIVORCE		altimore			Md.
10	Arnha Arbut	give street add	OSPITAL OR INSTITUTIO ress Seechfield			PATION (Kind of wai working life, even if r		26 KIND OF BU NDUSTRY	SINESS OR
130	USUAL RESIDENCE (Where deced	ised lived, if institution. Resid	dence before 13c ()	Y OR TOWN 13	NSIDE CITY LIM TS7	13e STREET AND NU!			
<u>_</u>	Marylan	d 13b. COUNTY Balt	imore Ar	outus	res ho	908 Bee	chfield	Avenu	re
14	FATHER S NAME First	Middle	Last	1S. MOTHER'S MAID	DEN NAME First	N	Aiddle		Last
	Willia				atherine				
	WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (fyes give	construction of a 1 1	TAL SECURITY NO	17 INFORMANT			ddress		21229
_	No		3-36-9575	Mrs. Mari	e K. 0'N	eill, 908	Beechf	ield A	
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause per line far (g)		^	4	= 1		BETWEEN ONSET	AND DEATH
		IATE CAUSE (a)	Levele	Jemm	ma X	and B	سيحط	30	3.
	Conditions, if ony, which gave	DUE TO, OR AS A COM	SEQUENCE OF	P.05				~	
ı	nse ta immed ate cause (a),	(b)	_ V.A	SLASS				34	7
L	stating the underlying cause	DUE TO, OR AS A CON	1 the	0	de.	Da. 6	0- 10	n	- 1-
	PART 2 OTHER SIGNIFICANT CO			ED TO THE TERMINAL D	NISEASE OP CONDITI	ON GIVEN IN PART 1/a	1 Mg	illin 1	
١		The state of the s	DEATH OUT HOT REEK	LO TO THE TERMINAL L	ADDADE DECONDITI	ON O1715 IN 1 AKT 1(0	')		
CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20o. AUTOPS	Y?	206. IF YES, WERE FIL	NDINGS CONSID	ERED IN CERT	IFYING
TERC				YES 🗀	NO 🗾	CAUSES OF DEATH?			
			. 2		RED (Enter natur	e of injury in Part I ar	r Part 2, Item	18)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month inner) P.M.	Day Year 19						
ME	Whole Not while of work	PLACE OF INJURY (AT HOME OFFICE BU	FARM STREET FACTORY.) 2	_		City or Tawn		unty	State
	22a certify that (1) (t)	nis haspital) attended t	he deceased fran	1 5/3	, 19-5 7,	to_3/7), that (I) (we) last
	saw the deceased	alive on 3/0 e, (I) (we) (did) (did nat	1945	and that in (my)	(aur) apinian	death accurred an	the date a	nd haur an	d fram the
	22b. SIGNATURE	e, (1) (we) (aid) (aid nai) view ille baay a	ner deum.			22c DATE	SIGNED	
	(Way	230- A	20	DEGREE PHYS	MED DIRECTO	R STAFF		107 C	- > ·
	22d. PHYSICIAN'S	4 -0		22e ADDRE		21113	0//		L
	NAME (Type) Cli	ff Ratliff.	Jr.			dson Ave.,	Balti	more	
236	BURIAL, CREMATION, 23b	DATE 23	C NAME OF CEMETER	Y OR CREMATORY	23d	LOCATION (City or Tox	ψη) (Co	unty)	(State)
	REMOVAL (Specify) BURIAL	3-12-1969		dral Cemet	ery 1	Baltimore,	Maryla	and	
	FUNERAL DIRECTOR		ADDRESS	2:	Sa RECD BY REG	STRAR 2Sb REG	GISTRAR'S SIGN	ATURE	
1	Howard H. Hubba	rd, 4107 Will	kens Ave.	21229	ATE MAR T	2 1969 /	Cherry	a Versen	E.87 .



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03587 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT: 1. DECEASED NAME First 20 DATE KNOWN Z Month (Type or Print) ESTI-JUNN/G Page DEATH MATED 6 AGE (In years 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOUR MAR. 14, 1894 76 CIT ZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or fore on MARR ED NEVER MARRIED 9 COUNTY OF DEATH country) 14. S. A. WIDOWED DIVORCED [IO CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street address! during most of work no life, even if retired). INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13a INSIDE CITY LAUTS? 13e, STREET AND NUMBER adm ssian) STATE 13b. COUNTY BAITS, CATONSVILLE 100 Locus 7 YES 🗀 percul in Item 18 and Middle 14 FATHER'S NAME Last IS MOTHER S MAIDEN NAME Middle Pe Ters 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 100 LOCUST DR ANTHONY PORGAN (Yes, no, or unknown) APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Cand Lans, if only, which gave rise ta mmediate couse (o). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ь 19a DATE OF OPERATION 196 COND TON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO Z 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) P should PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (At name, farm, street, 21f LOCATION Street or R.F.D. No City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection 7 Inquiry 2 and in my apinian Accident Suicide death resulted from Noture couses Hamicide Undetermined manner CHIEF MED CAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER O FUNE Health ADDRESS(Street, city, town, or county) the th 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town (County) Md. 25a. REC'D BY REGISTRAR 25Ь



	_	I TEMIS FILMERIT 4/2/09KK MARTLAND STATE DEPARTMENT OF HEALTH
-0-		03594 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03588
1		Exercitive Production CERTIFICATE OF DEATH
	- 0-/	organis distriction of the state of the stat
	death.	(Type or print)
	de de de	Everett Kudolph Owens March 22 1969 11-A
	章 子气	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years Funder Year If Under 24 Mi
	E 20	male negro May 22,1951 last birthday) YRS. MONTHS DAYS HOURS M
_	Si Si Si	
	executed within 24 hours after death a campletely filled in by the funeral emove carban papers. Pages 1 and 3 any event, within 72 hours after death	70. 8IRTHPLACE (Stote or foreign country) Bethes cla United States WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore Country
	filled in papers	10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	ofe be executed within 24 his right and campletely filled-in lease remove carban papers and in any event, within 72 l	Owings Mills Rosewood State Hospital during most of working life, even if retired.) INDUSTRY
	d w	120 AIGHAI DEFINE AMARIA DESIDENCE AMARIA DE LA CARRA
	campletely ove carban	admission) STATE 136 COUNTY By Himself Quicket Mills YES NO 925 - 19th N.E.
	20 V	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
	a de de	The state of the s
	ofe be exected and and in any	Euell Howard Owens Mary Carletha Frazier
	1 3 5 5 E	16b, SOCIAL SECURITY NO. 17. INFORMANT PO BOX283 Address
	equires that the death certified physician. signed by the attending physician burial-transit permit. Then plication, crremaval,	no no mother Gaithersburg, Md-
	he death certifi attending phy: permit. Then p ion, ar remayal	
	를 를 를	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure
	attendi attendi permit.	
	and bed and and and and and and and and and an	DUE TO, OR AS A CONSEQUENCE OF
	the the nation	Conditions, if any, which gove (b) Preumonia
	b in by in the	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	equires that the physician. signed by the burial-transitr burial, cremati	last.
	hys uric uric uric	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	g p p	
	din din	Spastic Quadriplegia 2 Cerebral dysgenesus
	the law rateding attending has been se as the hard the ha	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? TO LEASES OF DEATH?
	두 to ch set	TE NO L
	ate ate	
	発音様式が	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor [19]
	asp cer cer thec	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 1) 21f. IOCATION. Street of R.F.D. No. (ity of Town.) County State.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physisial director, page 3 shauld be detached far use as the burial-transit permit. Then pleas should be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and	While Not while of work at work
	by the Alfred Al	220 certify that # (this haspital) attended the deceased from 0 6-1- \$ 19-56 to March > 2-19-67 that (1) (wa) (
	Affee Sta	22a. I certify that (f) (this haspital) attended the deceased from Oct-8, 1956, to March 22, 1967, that (I) (we) lo saw the deceased alive an March 22, 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.
	the CENTRAL TERM	causes stated abave, (1) (we) (did) (did set) view the bady after death.
	Test Design	226 SIGNATURE 220 DATE SIGNED
	DIRE of w	alan & Greenberg M.D. DEGREE PHYS. DIRECTOR DIRE
		22d. PHYSICIAN'S 22e. ADDRESS
	AN SAI	NAME (Type)
	O HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	
	Hours Inch	23a. BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. (County) (State)
	TO HOSPITAL (Page 4 may b TO FUNERAL D director, page should be file	BURIAL 3-26-69 ARlington National ARlington VA.
		24. FUNERAL DIRECTOR // ADDRESS 250, REGISTRAR 25b, REGISTRAR'S SIGNATURE
	VR A15 (4) 45M - 1/69	THE A. Hypother 100 MAR 2 6 1969 Charles Judge

and the language of the same o wereast ship in the second second in the second サード インド・グライン ロードライン The Market States States From the States States Price Palls Keep and State Harpell remarked . Mid Believe Parage Mills " - " ... Euche Howard Drive , Mary Carletin Fra FORESCE ON Salt and Sal trainmental and Courter Salve Carles & Liver (Allert - an Art Spreate Consumption 2" Concluded assistances Page 12 19 Out 9 To Manual et et 17-55-5V 3 Ellan distrusting Me BURLAL 3-26-69 Helanton National Arlanton

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03589 03595 CERTIFICATE OF DEATH in by the funeral series Pages I and 2 Freque after death. I. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR J within 24 hours after death (Type or print) Maurice March 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. White last-birthday) MONTHS HOURS Male une 16. 1912 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH poperter hin 7 Pmen 8. MARRIED X NEVER MARRIED country) (arroll M. Baltimore 0. WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with and completely fil give street address during most of working life even if retiredly INDUSTRY Pikesville owtt event, 1 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 134 CITY OR TOWN. 13e. STREET, AND NUMBER 13d. INSIDE CITY LIMITS? executed admission) STATE 13b. COUNTY Pikesville 3 Quimper (ourt burial, crematian, ar remayal, and in any 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Last Rawlings liam Chvings Bertha requires that the death certificate be affending physical affects of the please remain 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, et or unknown) (If yes give wor or dates of service). Jessie S. Owings Pikesville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: davs Cerebral metastasis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit Metasatic adenocarcinoma-especially 4 months rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause @Adenocarcinoma sigmoid colon vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Page 4 may be retained by the haspital or attending 10 FUNERAL DIRECTOR: After this certificate has been s director, page 3 should be detached for use as the technique of tiled with the State Dept. of Health priar to the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 7-15-64 CAUSES OF DEATH? Car.Sigmoid colon YES [NO TE TO HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State White Not while 22a. I certify that (I) (this hospital) attended the deceased from 4-26-, 1949, to 3-15-, 199, that (I) (we) last saw the deceased alive an March 10 19 69 and that in (my) (per) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 3-17-69 ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 20. ADDRESS 59 Hanover Rd. Reisterstown, Md. E. Strobel. M.D. NAME (Type) Martin 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) BREMOVAL (Specify) All Saints (emetery Reisterstown. March 18.69 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Eline & Sons 1969 30M REV